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| Fill in this information to identify your case:                                 |   |                                    |
|---|---|------------------------------------|
| United States Bankruptcy Court for the:  Northern District of: Illinois (State) |   |                                    |
| Case number (if known)  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

#### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

|             | rt 1: Identify Yourself   |                                 |   |
|-------------|---|---------------------------------|---|
|             |   | About Debtor 1:                 | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.          | Your full name  | Joseph<br>First name            | Denneille First name                          |
| )<br>F<br>E | Write the name that is on your government-issued picture identification (for example, your driver's license or passport  Bring your picture | E. Middle name Thomas Last name | Middle name  Thomas  Last name                |
|             | identification to your meeting with the trustee.  | Suffix (Sr., Jr., II, III)      | Suffix (Sr., Jr., II, III)                    |
| 2.          | All other names you have used in the last   | First name                      | First name                                    |
|             | 8 years Include your married or maiden names.   | Middle name                     | Middle name                                   |
|             | maiden names.   | Last name                       | Last name                                     |
|             |   | First name                      | First name                                    |
|             |   | Middle name                     | Middle name                                   |
|             |   | Last name                       | Last name                                     |
| 3.          | Only the last 4 digits<br>of your Social<br>Security number or<br>federal Individual<br>Taxpayer<br>Identification number<br>(ITIN)         | XXX - XX- 1495 OR 9 xx - xx-    | OR 9 xx - xx-                                 |

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| De   | ebtor 1 Joseph<br>First Name                    |  | omas<br>t Name                                 | Case number (if kno | own)   |   |
|--|---|--|--|---------------------|--|---|
|  | Thot wante                                      | Wilder Warne East  | Trano  |                     |  |   |
|  |   | About Debtor 1:  |  | About Debto         | r 2 (Spouse Only                                   | in a Joint Case):                                 |
| 4.   | Any business names and Employer                 | I have not used any business name  | nes or EINs.                                   | ✓ I have not        | used any business n                                | ames or EINs.                                     |
| Identification Numbers (EIN) you have used in the last |   | Business name  |  | Business nan        | ne   |   |
|  | 8 years   | Business name  |  | Business nan        | ne   |   |
|  | Include trade names and doing business as names | EIN  |  | EIN                 |  |   |
|  |   | EIN  |  | EIN                 |  |   |
| 5.   | Where you live                                  |  |  |                     | es at a different add                              | ress:   |
|  |   | 10752 S. Perry<br>Number Street  |  | Number              | Street   |   |
|  |   | Chicago Illinois   | 60628  | Chicago             | Illinois   | 60628   |
|  |   | City State   | Zip Code                                       | City                | State  | Zip Code  |
|  |   | Cook   |  | Cook                |  |   |
|  |   | County   |  | County              |  |   |
|  |   | If your mailing address is differen<br>above, fill it in here. Note that the c<br>notices to you at this mailing address | ourt will send any                             |                     | Note that the court v                              | different from yours,<br>vill send any notices to |
|  |   | Number Street  |  | Number              | Street   |   |
|  |   |  |  |                     |  |   |
|  |   | City State   | Zip Code                                       | City                | State  | Zip Code  |
| 6.   | Why you are choosing this district              | Check one:   |  | Check one:          |  |   |
|  | to file for bankruptcy                          | Over the last 180 days before filing lived in this district longer than in a   | g this petition, I have<br>any other district. | Over the la         | ast 180 days before fi<br>s district longer than i | ing this petition, I have n any other district.   |
|  |   | I have another reason. Explain. (Se  | ee 28 U.S.C. §§ 1408.)                         | I have and          | ther reason. Explain.                              | (See 28 U.S.C. §§ 1408.)                          |
|  |   |  |  | _                   |  |   |
|  |   |  |  |                     |  |   |
|  |   |  |  |                     |  |   |
|  |   |  |  |                     |  |   |
|  |   |  |  |                     |  |   |

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| Debtor 1 Joseph   | E   | Thomas   |  | Case number (if kno  | own)   |  |
|---|---|--|--|--|--|--|
| First Name  | Middle Nan  |  |  |  |  |  |
| Part 2: Tell the Court  | t About Your Bankrup  | otcy Case  |  |  |  |  |
| <ol> <li>The chapter of the<br/>Bankruptcy Code<br/>are choosing to file<br/>under</li> </ol>   | <b>you</b> Bankruptcy (Form   | a brief description of each, see<br>n B2010)). Also, go to the top o   |  |  |  | ndividuals Filing for  |
| 8. How you will pay to fee  | more details cashier's che may pay with  I need to pay Individuals to  I request tha judge may, b the official po | e entire fee when I file my about how you may pay. Ty bck, or money order If you a a credit card or check with by the fee in installments. If to Pay Your Filing Fee in Install to the time of the property of the total applies to you his option, you must fill out and file it with your petition | rpically, if your attorney is a pre-printed you choose tallments (Commay request your fee, and our family sit the Application of the state of the st | ou are paying the submitting you and address. This option, significial Form 103 this option only dimay do so on ze and you are used. | e fee yourself, r payment on gn and attach the BA).  If you are filing the your incorunable to pay the series of the pay the series of the pay the series of the your incorunable to pay | you may pay with cash, your behalf, your attorney the Application for ag for Chapter 7. By law, a me is less than 150% of the fee in installments). If |
| 9. Have you filed for<br>bankruptcy within<br>last 8 years?   | the No.  ✓ Yes. District  District  District  | Northern District of Illinois  Northern District of Illinois   | When<br>When<br>When   | 8/14/2014<br>MM / DD / YYYY<br>8/14/2014<br>MM / DD / YYYY   | Case number Case number Case number  | 14-29907<br>14-29907   |
| 10. Are any bankrupto<br>cases pending or<br>being filed by a<br>spouse who is not<br>filing this case with<br>you, or by a busine<br>partner, or by an<br>affiliate? | Yes. Debtor   |  | When<br>When   | MM / DD / YYYY   | Relationship to Case number, Relationship to Case number,  | you  |
| 11. Do you rent your residence?   | ✓ No.   | e 12.  r landlord obtained an eviction  Go to line 12.  Fill out <i>Initial Statement About</i> this bankruptcy petition.  |  |  |  |  |

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E **Thomas** Debtor 1 Joseph Case number (if known) Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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 Debtor 1 First Name
 E.
 Thomas
 Case number (if known)

 Last Name
 Middle Name
 Last Name

| Pa  | rt 5: Explain Your Effor  | rts to Receive a Brie   | fing About Credit Counseling   |          |   |   |
|---|---|---|--|----------|---|---|
|   |   | About Debtor 1:   |  | Ab       | out Debtor 2 (Sp  | oouse Only in a Joint Case):  |
| 15.   | Tell the court  | You must check one:   |  | Yo       | u must check one:   |   |
| re<br>a   | whether you have received briefing about credit counseling.   | ✓ I received a briefing from an approved credit<br>counseling agency within the 180 days before I<br>filed this bankruptcy petition, and I received a<br>certificate of completion. |  | <b>✓</b> | counseling ager   | fing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, and I received a<br>mpletion.   |
|   | The law requires that you receive a briefing  |   | he certificate and the payment plan, veloped with the agency.  |          |   | the certificate and the payment plan, eveloped with the agency.   |
| co<br>file<br>Yc<br>ch<br>fol<br>yo<br>are<br>If y<br>co<br>ca<br>wh<br>pa<br>cre<br>co | about credit<br>counseling before you<br>file for bankruptcy.<br>You must truthfully                      | counseling agen   | ing from an approved credit<br>icy within the 180 days before I<br>ptcy petition, but I do not have a<br>inpletion.  |          | counseling ager   | fing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, but I do not have a<br>mpletion.  |
|   | check one of the<br>following choices. If<br>you cannot do so, you<br>are not eligible to file.           |   | er you file this bankruptcy petition, opy of the certificate and payment   |          |   | ter you file this bankruptcy petition, copy of the certificate and payment  |
|   | If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your | from an approve obtain those ser made my reques   | ked for credit counseling services and agency, but was unable to vices during the 7 days after I at, and exigent circumstances amporary waiver of the                            |          | from an approve<br>obtain those se<br>made my reques                  | ked for credit counseling services<br>ed agency, but was unable to<br>rvices during the 7 days after I<br>st, and exigent circumstances<br>emporary waiver of the                   |
|   | creditors can begin<br>collection activities<br>again.  | requirement, attac<br>efforts you made t<br>unable to obtain it   | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were before you filed for bankruptcy, and imstances required you to file this     |          | requirement, atta-<br>efforts you made<br>unable to obtain i          | ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were t before you filed for bankruptcy, and umstances required you to file this      |
|   |   |   | e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.   |          |   | e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.  |
|   |   | receive a briefing<br>must file a certifica<br>with a copy of the   | fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. b, your case may be dismissed. |          | receive a briefing<br>must file a certification<br>with a copy of the | sfied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along a payment plan you developed, if any. o, your case may be dismissed. |
|   |   | -   | he 30-day deadline is granted only mited to a maximum of 15 days.  |          |   | the 30-day deadline is granted only mited to a maximum of 15 days.  |
|   |   | I am not required counseling beca   | d to receive a briefing about credit use of:   |          | I am not require counseling beca                                      | d to receive a briefing about credit ause of:   |
|   |   | Incapacity.   | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.  |          | Incapacity.   | I have a mental illness or a mental<br>deficiency that makes me<br>incapable of realizing or making<br>rational decisions about finances.   |
|   |   | Disability.   | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.     |          | Disability.   | My physical disability causes me to<br>be unable to participate in a<br>briefing in person, by phone, or<br>through the internet, even after I<br>reasonably tried to do so.        |
|   |   | Active duty.  | I am currently on active military duty in a military combat zone.  |          | Active duty.  | I am currently on active military duty in a military combat zone.   |
|   |   | about credit coun   | are not required to receive a briefing seling, you must file a motion for ounseling with the court.  |          | about credit cour   | are not required to receive a briefing<br>seling, you must file a motion for<br>ounseling with the court.   |

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| Debtor 1 Joseph  | E.   | Ihomas  | Case number (if known)   |   |  |
|--|--|---|--|---|--|
| Part 6: First Name  Answer These Que   | Middle Name<br>estions for Reporting Purp  | Last Name   |  |   |  |
| 16. What kind of debts do you have?  | 16a. Are your debts prim "incurred by an indiv No. Go to line 16 Yes. Go to line 1   | narily consumer debts? Covidual primarily for a personable.  7.  narily business debts? Butes a prince or investment or through a consumer.  7. | nal, family, or househousehousehousehousehousehousehouse                   | s that you incurred to obtain<br>business or investment.  |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?  | expenses are paid  No.   |   | t after any exempt prop<br>o distribute to unsecured                       | erty is excluded and administrative<br>d creditors?   |  |
| 18. How many creditors do you estimate that you owe?   | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | ☐ 1,000-5,00<br>☐ 5,001-10,0<br>☐ 10,001-25   | 000  | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |  |
| 19. How much do you estimate your assets to be worth?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$10,000,0<br>\$50,000,0  | 1-\$10 million<br>01-\$50 million<br>01-\$100 million<br>001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |
| 20. How much do you<br>estimate your<br>liabilities to be?   | □ \$0-\$50,000  ☑ \$50,001-\$100,000  □ \$100,001-\$500,000  □ \$500,001-\$1 million | \$10,000,0<br>\$50,000,0  | 1-\$10 million<br>01-\$50 million<br>01-\$100 million<br>001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |
| Part 7: Sign Below   |  |   |  |   |  |
| For you  I have examined this petition, and I declare under penalty of perjury that the information provided is trucorrect.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,1 of title 11, United States Code. I understand the relief available under each chapter, and I choose to prounder Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help rout this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. |  |   |  |   |  |
|  | I understand making a fals connection with a bankrup both. 18 U.S.C. §§ 152, 13      | se statement, concealing potcy case can result in fine  | roperty, or obtaining r<br>s up to \$250,000, or i                         | money or property by fraud in<br>mprisonment for up to 20 years, or   |  |
|  | /s/ Joseph Thomas Signature of Debtor 1  |   | /s/ Denneille<br>Signature of De   |   |  |
|  | Executed on5/12/2  | /2017<br>M / DD / YYYY  | Executed on  |   |  |

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| Debtor 1 Joseph                                  | E.                             | Thomas                | Case number (if              | known)  |
|--|--------------------------------|-----------------------|------------------------------|---|
| First Name                                       | Middle Name                    | Last Name             |                              |   |
| For your attorney, if you are represented by one | eligibility to proceed un      | der Chapter 7, 11, 12 | 2, or 13 of title 11, United | ave informed the debtor(s) about<br>d States Code, and have explained the<br>lso certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ      | uired by 11 U.S.C. §  | 342(b) and, in a case in v   | which § 707(b)(4)(D) applies, certify that I  |
| represented by an                                | have no knowledge afte         | r an inquiry that the | information in the sched     | ules filed with the petition is incorrect.  |
| attorney, you do not                             | •                              | , ,                   |                              | ·   |
| need to file this page.                          | /s/ Megan Holmes               |                       | Date                         | 5/12/2017   |
|  | Signature of Attorney          | for Debtor            |                              | M / DD / YYYY   |
|  | ,                              |                       |                              |   |
|  |                                |                       |                              |   |
|  | Megan Holmes                   |                       |                              |   |
|  | Printed name                   |                       |                              |   |
|  | Semrad Law Firm                |                       |                              |   |
|  | Firm name                      |                       |                              |   |
|  |                                | 20110                 |                              |   |
|  | 11101 S. Western Ave<br>Street | enue                  |                              |   |
|  | Street                         |                       |                              |   |
|  |                                |                       |                              |   |
|  | Chicago                        |                       | Illinois                     | 60643   |
|  | City                           |                       | State                        | Zip Code  |
|  | ,                              |                       |                              |   |
|  | Contact phone                  | 3128374019            | Email address                | mholmes@semradlaw.com   |
|  |                                |                       | Illinois                     |   |
|  | Bar number                     |                       | State                        |   |

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| Fill in this information to identify your case: |            |             |                      |  |  |  |  |  |
|---|------------|-------------|----------------------|--|--|--|--|--|
| Debtor 1  | Joseph     | E.          | Thomas               |  |  |  |  |  |
|   | First Name | Middle Name | Last Name            |  |  |  |  |  |
| Debtor 2  | Denneille  |             | Thomas               |  |  |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name            |  |  |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois |  |  |  |  |  |
| Case number<br>(If known)                       |            |             | (State)              |  |  |  |  |  |

| П | Check if | this    | is | an |
|---|----------|---------|----|----|
| _ | amende   | d filii | ng |    |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|   | Your assets Value of what you own        |
|---|--|
| 1. Schedule A/B: Property (Official Form 106A/B)  | <b>#</b> 0.00                            |
| 1a. Copy line 55, Total real estate, from Schedule A/B  | \$0.00                                   |
| 1b. Copy line 62, Total personal property, from Schedule A/B  | \$10,785.46                              |
| 1c. Copy line 63, Total of all property on Schedule A/B   | \$10,785.46                              |
| Part 2: Summarize Your Liabilities  |  |
|   | Your liabilities<br>Amount you owe       |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)   | \$18,081.00                              |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule L  | )  |
|   | \$0.00                                   |
| · · · · · · · · · · · · · · · · · · ·   |  |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | <u> </u>                                 |
| · · · · · · · · · · · · · · · · · · ·   | \$37,966.10                              |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$37,966.10                              |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$37,966.10                              |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>   | \$37,966.10                              |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$37,966.10<br>\$56,047.10<br>\$4,993.85 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$37,966.10<br>\$56,047.10<br>\$4,993.85 |

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**Thomas** Debtor 1 Joseph \_ Case number (if known) Middle Name Last Name Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$4,943.54 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: **Total claim** \$0.00 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

9g. Total. Add lines 9a through 9f.

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|                           |                            |   |                                    | Document   | Page 10 of 71  |   |   |
|---------------------------|----------------------------|---|------------------------------------|--|--|---|---|
| Fill in this              | s inform                   | ation to identify your c                    | ase:                               |  |  |   |   |
| Debtor 1                  | ,                          | Joseph                                      | E.                                 | Thoma  | s  |   |   |
|                           | •                          | First Name                                  | Middle N                           | Name Last Na   | ame  |   |   |
| Debtor 2<br>(Spouse, if f |                            | Denneille<br>First Name                     | Middle N                           | Thoma:<br>Name Last Na   |  |   |   |
| United St                 | ates Ba                    | nkruptcy Court for the:                     | Northern                           | District of Illin  |  |   |   |
| Case nun                  |                            | . ,   |                                    | (St  | tate)  |   |   |
| (If known)                | •                          |   |                                    |  |  |   | Check if this is an   |
| Officia                   | al Fo                      | rm 106A/B                                   |                                    |  |  |   | amended filing  |
| <u>Sche</u>               | dule                       | A/B: Prope                                  | rty                                |  |  |   | 12/   |
| write you<br>Part 1:      | r name<br>Descr<br>u own o | and case number (if k<br>ribe Each Residenc | nown). Answer e<br>e, Building, La | every question.<br>nd, or Other Real Es  | a separate sheet to the state You Own or Haing, land, or similar pro   |   | idditional pages,   |
|                           | Yes. W                     | Where is the property?                      |                                    |  |  |   |   |
| 1.1                       | Numb                       | address, if available, or<br>er Street      | other description  Zip Code        | one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor  At least one of the                   | it building cooperative nobile home  ty  in the property? Check  or 2 only debtors and another  u wish to add about this | Current value of the entire property?  Describe the nature of interest (such as fee sthe entireties, or a life.  Check if this is co (see instructions) | imple, tenancy by   |
| If you                    | own o                      | r have more than one, li                    | st here:                           |  |  |   |   |
| 1.2                       | Street                     | address, if available, or                   | other description                  | What is the property? Single-family home Duplex or multi-un Condominium or o Manufactured or m | e<br>it building<br>cooperative  | the amount of any secu  | claims or exemptions. Put red claims on Schedule D: ims Secured by Property.  Current value of the portion you own? |
|                           | Numb                       | Street State                                | Zip Code                           | Investment propert Timeshare Other   | ty   | Describe the nature of interest (such as fee so the entireties, or a life   | imple, tenancy by   |
|                           |                            |   |                                    | Who has an interest i one.  Debtor 1 only  | in the property? Check   | Check if this is co<br>(see instructions)   | mmunity property  |

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Debtor 2 only

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| Debtor 1  |  | E.                     | Thomas Case numb  | er (ifknown)   |   |
|-----------|--|------------------------|---|--|---|
|           | First Name                             | Middle Name            | Last Name   |  |   |
| 1.3       |  |                        | What is the property? Check all that apply.  Single-family home                   | the amount of any secu   | claims or exemptions. Put red claims on <i>Schedule D:</i>  |
| Stre      | et address, if available, or o         | ther description       | Duplex or multi-unit building   | Creditors Who Have Cla   | ims Secured by Property.                                    |
|           |  | [                      | Condominium or cooperative  | Current value of the entire property?  | Current value of the portion you own?                       |
|           |  | Į                      | Manufactured or mobile home   |  |   |
| Nun       | nber Street                            |                        | Land  | Describe the nature or   | f vour ownorship  |
|           |  |                        | Investment property   | interest (such as fee s  |   |
| City      | State                                  | Zip Code               | Timeshare Other   | the entireties, or a life  |   |
|           |  |                        | _   | Observation of the Control of the Co |   |
|           |  | 1                      | Who has an interest in the property? Check one.                                   | (see instructions)   | mmunity property  |
|           |  | 1                      | Debtor 1 only   | (see instructions)   |   |
|           |  |                        | Debtor 2 only   |  |   |
|           |  | i                      | Debtor 1 and Debtor 2 only  |  |   |
|           |  | i                      | At least one of the debtors and another   |  |   |
|           |  |                        | Other information you wish to add about this item property identification number: | , such as local  |   |
| 2. Add    | the dollar value of the po             | -                      | all of your entries from Part 1, including any entri                              | es for pages   |   |
|           | ve attached for Part 1. W              |                        |   |  |   |
|           |  |                        | <b>)</b>  |  |   |
| Do you ow |  | equitable interest     | t in any vehicles, whether they are registered or r                               |  |   |
|           |  | •                      | also report it on Schedule G: Executory Contracts and                             | Unexpired Leases.  |   |
|           | ıns, trucks, tractors, sport u         | unity verticles, motor | cycles  |  |   |
| ∐ No      |  |                        |   |  |   |
| ✓ Ye      | S                                      |                        |   |  |   |
| 3.1       | Make<br>Model:                         | Buick<br>Regal         | Who has an interest in the property? Check one.                                   |  | claims or exemptions. Put ured claims on <i>Schedule D:</i> |
|           | Year:                                  | 2011                   | Debtor 1 only   | Creditors Who Have Cla   | aims Secured by Property.                                   |
|           | Approximate mileage:                   | 111000                 |   | Current value of the   | Current value of the  |
|           | Other information.                     |                        |   | entire property?   | portion you own?  |
|           | Other information:<br>2011 Buick Regal |                        | Debtor 1 and Debtor 2 only  At least one of the debtors and another               | \$8975.00  | \$8975.00   |
|           |  |                        | Check if this is community property (see  |  |   |
| 3.2       | Make                                   |                        | instructions)  Who has an interest in the property? Check                         | Do not doduct socured  | claims or exemptions. Put                                   |
| 3.2       | Model:                                 |                        | one.  |  | ared claims on <i>Schedule D:</i>                           |
|           | Year:                                  |                        | Debtor 1 only   |  | aims Secured by Property.                                   |
|           | Approximate mileage:                   |                        | Debtor 2 only   | Current value of the   | Current value of the  |
|           | Other information:                     |                        | Debtor 1 and Debtor 2 only  | entire property?   | portion you own?  |
|           |  |                        | At least one of the debtors and another   |  |   |
|           |  |                        | Check if this is community property (see  |  |   |
|           |  |                        | instructions)   |  |   |

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|      | Joseph   | E           | Thomas   | Case number   | er (ir known)  |  |
|------|--|-------------|--|---|--|--|
|      | First Name   | Middle Name | Last Name  |   |  |  |
| 3.3  | Make   |             | Who has an interest in the pr  | operty? Check   |  | claims or exemptions. P  |
|      | Model:<br>Year:  |             | one.   |   |  | red claims on <i>Schedule</i><br>aims Secured by Property  |
|      | Approximate mileage:   |             | Debtor 1 only  |   | Creations with thave old   | ums occured by moperty   |
|      | Approximate inileage.  | -           | Debtor 2 only  |   | Current value of the   | Current value of the   |
|      | Other information:   |             | Debtor 1 and Debtor 2 only   | •   | entire property?   | portion you own?   |
|      |  |             | At least one of the debtors  | and another   |  |  |
|      |  |             | Check if this is communit  | ty property (see  |  |  |
|      |  |             | instructions)  |   |  |  |
| 3.4  | Make   |             | Who has an interest in the pr  | operty? Check   |  | claims or exemptions. P  |
|      | Model:   |             | one.   |   | ,  | ired claims on Schedule  |
|      | Year:  |             | Debtor 1 only  |   | Creditors Who Have Cla   | aims Secured by Property   |
|      | Approximate mileage:   |             | Debtor 2 only  |   | Current value of the   | Current value of the   |
|      | Other information:   |             | Debtor 1 and Debtor 2 only   | ,   | entire property?   | portion you own?   |
|      |  |             | At least one of the debtors  | and another   |  |  |
|      |  |             | Check if this is communit  | ty property (see  |  |  |
|      |  |             | instructions)  |   |  |  |
| Exan |  |             | ner recreational vehicles, other vehicles, other vehicles, more standard to the standard term of the standard term |   |  |  |
| Exan | nples: Boats, trailers, motor<br>No<br>Yes   |             | ner recreational vehicles, other v   | otorcycle accessor  | Do not deduct secured  |  |
| Exam | nples: Boats, trailers, motor<br>No<br>Yes<br>Make   |             | ner recreational vehicles, other vertilent the fit, fishing vessels, snowmobiles, more standard than the properties of t | otorcycle accessor  | Do not deduct secured the amount of any secu   | claims or exemptions. P<br>red claims on <i>Schedule</i><br>nims Secured by Property   |
| Exam | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:   |             | who has an interest in the prone.  Debtor 1 only   | otorcycle accessor  | Do not deduct secured the amount of any secu Creditors Who Have Cla  | red claims on Schedule aims Secured by Property  |
| Exam | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:  |             | who has an interest in the prone.  Debtor 1 only Debtor 2 only   | otorcycle accessor  | Do not deduct secured the amount of any secu   | red claims on <i>Schedule</i>  |
| Exam | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:  |             | who has an interest in the prone.  Debtor 1 only Debtor 1 and Debtor 2 only  | otorcycle accessor  | Do not deduct secured the amount of any secu Creditors Who Have Cla  | rred claims on Schedule<br>nims Secured by Property<br>Current value of the  |
| Exam | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:  |             | who has an interest in the prone.  Debtor 1 only Debtor 2 only At least one of the debtors   | otorcycle accessor<br>roperty? Check                            | Do not deduct secured the amount of any secu Creditors Who Have Cla  | rred claims on Schedule<br>nims Secured by Property<br>Current value of the  |
| Exam | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:  |             | who has an interest in the prone.  Debtor 1 only Debtor 1 and Debtor 2 only  | otorcycle accessor<br>roperty? Check                            | Do not deduct secured the amount of any secu Creditors Who Have Cla  | rred claims on Schedule nims Secured by Property  Current value of the   |
| 4.1  | nples: Boats, trailers, motor<br>No<br>Yes<br>Make<br>Model:<br>Year:<br>Approximate mileage:  |             | who has an interest in the prone.  Debtor 1 only Debtor 2 only At least one of the debtors and Check if this is community.   | roperty? Check and another ty property (see                     | Do not deduct secured the amount of any secu Creditors Who Have Cla  | rred claims on Schedule<br>nims Secured by Property<br>Current value of the  |
| 4.1  | nples: Boats, trailers, motor  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:                                      |             | who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a instructions)  | roperty? Check and another ty property (see                     | Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property?  Do not deduct secured the amount of any secured.   | claims or Schedule of the portion you own?   |
| 4.1  | nples: Boats, trailers, motor  No  Yes  Make  Model:     Year:     Approximate mileage:  Other information:  Make     Model:     Year:     |             | who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a instructions)  Who has an interest in the prone.   | roperty? Check and another ty property (see                     | Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property?  Do not deduct secured the amount of any secured.   | red claims on Schedule ims Secured by Property  Current value of the portion you own?  |
| 4.1  | nples: Boats, trailers, motor  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:                        |             | who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a instructions)  Who has an interest in the prone.   | roperty? Check and another ty property (see                     | Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property?  Do not deduct secured the amount of any secured.   | claims on Schedule sims Secured by Property  Current value of the portion you own?  claims or exemptions. P  |
| 4.1  | nples: Boats, trailers, motor  No  Yes  Make  Model:     Year:     Approximate mileage:  Other information:  Make     Model:     Year:     |             | who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a check if this is communit instructions)  Who has an interest in the prone.  Debtor 1 only  | roperty? Check and another ty property (see                     | Do not deduct secured the amount of any secu Creditors Who Have Classian Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classian Creditors Who Have Classian Creditors | red claims on Schedule aims Secured by Property  Current value of the portion you own?  claims or exemptions. P ured claims on Schedule aims Secured by Property                       |
| 4.1  | nples: Boats, trailers, motor  No  Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage: |             | who has an interest in the prone. Debtor 1 only Debtor 2 only At least one of the debtors: Check if this is communitinstructions)  Who has an interest in the prone. Debtor 1 and Debtor 2 only At least one of the debtors: Debtor 1 only Debtor 2 only One. Debtor 2 only Debtor 2 only  | cotorcycle accessor roperty? Check and another ty property (see | Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the                        | red claims on Schedule aims Secured by Property  Current value of the portion you own?  claims or exemptions. P ared claims on Schedule aims Secured by Property  Current value of the |
| 4.1  | nples: Boats, trailers, motor  No  Yes  Make Model: Year: Approximate mileage:  Other information:  Make Model: Year: Approximate mileage: |             | who has an interest in the prone.  Debtor 1 only Debtor 2 only At least one of the debtors Check if this is communit instructions)  Who has an interest in the prone.  Debtor 1 and Debtor 2 only Debtor 2 only instructions   | roperty? Check and another ty property (see                     | Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Class Current value of the                        | red claims on Schedule aims Secured by Property  Current value of the portion you own?  claims or exemptions. P ared claims on Schedule aims Secured by Property  Current value of the |

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Debtor 1 Joseph Thomas Case number (if known) Middle Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Used Furniture \$750.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Misc. Electronics \$550.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... Misc. Men's Women's and Children's Clothing \$550.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1850.00 for Part 3. Write that number here .....

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**Thomas** Debtor 1 Joseph Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: Fifth Third 17.1. Checking account: \$-39.54 17.2. Checking account: 17.3. Savings account: Fifth Third \$0.00 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture % of ownership: Name of entity Yes. Give specific information about

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| Debt | tor 1 Joseph              | E.   | Thomas                      | Case number (if known)                      |  |
|------|---------------------------|--|-----------------------------|---|--|
|      | First Name                | Middle Name  | Last Name                   |   |  |
| 20.  | Negotiable instruments    | orate bonds and other negotial include personal checks, cashiers' ents are those you cannot transfe Issuer name: | checks, promissory no       | tes, and money orders.                      |  |
|      |                           |  |                             |   |  |
| 21.  | Retirement or pension     |  | thrift agyings associate    | or other pension or profit aboring plans    |  |
|      |                           | HA, ERISA, Neugii, 401(k), 403(b)  | i, trinit savings accounts  | s, or other pension or profit-sharing plans |  |
|      | <b>✓</b> No               | Type of account:   | Institution name:           |   |  |
|      | Yes. List each account    |  | mondation name.             |   |  |
|      | separately.               | 401(k) or similar plan:  |                             |   |  |
|      |                           | Pension plan:  |                             |   |  |
|      |                           | IRA:   |                             |   |  |
|      |                           | Retirement account:  |                             |   |  |
|      |                           | Keogh:   |                             |   |  |
|      |                           | Additional account:  | -                           |   |  |
|      |                           |  |                             |   |  |
|      |                           | Additional account:  |                             |   |  |
| 22.  |                           | prepayments d deposits you have made so that with landlords, prepaid rent, public                                |                             |   |  |
|      | Yes                       | Electric:  |                             |   |  |
|      |                           | Gas:   |                             |   |  |
|      |                           | Heating oil:   |                             |   |  |
|      |                           | Security deposit on rental unit:   |                             |   |  |
|      |                           | Prepaid rent:  |                             |   |  |
|      |                           | Telephone:   |                             |   |  |
|      |                           | Water:   |                             |   |  |
|      |                           | Rented furniture:  |                             |   |  |
|      |                           | Other:   |                             |   |  |
| 23.  | Annuities (A contract for | or a periodic payment of money to  | you, either for life or for | r a number of years)                        |  |
|      | <b>✓</b> No               |  |                             |   |  |
|      | Yes                       | Issuer name and description:   |                             |   |  |
|      |                           |  |                             |   |  |
|      |                           |  |                             |   |  |
|      |                           |  |                             |   |  |
|      |                           |  |                             |   |  |

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| Debto | or 1 Joseph  | E.   | Thomas                                     | Case number (if known)  |   |
|-------|--|--|--|---|---|
|       | First Name   | Middle Na  |  |   |   |
| 24.   |  | <b>n education IRA, in an acco</b><br>530(b)(1), 529A(b), and 529(b  |  | under a qualified state tuition program.  |   |
|       | <b>✓</b> No  | Institution name and descripti   | ion. Separately file the records of any in | terests.11 U.S.C. § 521(c):   |   |
|       | Yes  | ,  | ,  | 3 - 1 (4)   |   |
|       |  |  |  |   |   |
|       |  |  |  |   |   |
| 25.   |  | able or future interests in property our benefit   | operty (other than anything listed in      | line 1), and rights or powers   |   |
|       | <b>✓</b> No  |  |  |   |   |
|       | Yes. Desc  | ribe   |  |   |   |
| 26.   | Patents con  | vrights trademarks trade s   | ecrets, and other intellectual proper      | rtv   |   |
| 20.   |  |  | , proceeds from royalties and licensing    |   |   |
|       | ✓ No   | wila o   |  |   |   |
|       | Yes. Desc  | nbe  |  |   |   |
| 27.   | Licenses, fra  | nchises, and other general i   | ntangibles                                 |   |   |
|       |  | lding permits, exclusive license   | es, cooperative association holdings, liq  | uor licenses, professional licenses   |   |
|       | ✓ No  Yes. Desc  | rihe   |  |   |   |
|       | 103. D030  | TIDO   |  |   |   |
|       | -  |  |  |   |   |
|       |  |  |  |   |   |
| Mon   | ey or proper   | ty owed to you?  |  |   | Current value of the portion you own?   |
| Mon   | ey or proper   | ty owed to you?  |  |   | portion you own? Do not deduct secured  |
|       | ey or proper   |  |  |   | portion you own?  |
|       |  |  |  |   | portion you own? Do not deduct secured  |
|       | Tax refunds ov<br>✓ No  ✓ Yes. Give s  |  |  | Federal:  | portion you own? Do not deduct secured  |
|       | Tax refunds ov  ✓ No  Yes. Give s abou you a   | wed to you specific information t them, including whether already filed the returns  |  | Federal:<br>State:  | portion you own? Do not deduct secured claims or exemptions.  |
| 28.   | Tax refunds on  No  Yes. Give s abou you a and t   | specific information t them, including whether already filed the returns the tax years   |  |   | portion you own? Do not deduct secured claims or exemptions.  |
| 28.   | Tax refunds ov  No Yes. Give s abou you a and t  | specific information t them, including whether already filed the returns he tax years  | ousal support, child support, maintena     | State:  | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.   | Tax refunds ov  No Yes. Give s abou you a and t  | specific information t them, including whether already filed the returns he tax years  | ousal support, child support, maintena     | State:  Local:  unce, divorce settlement, property settlement                               | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                                      |
| 28.   | Tax refunds on  Yes. Give s abou you a and t  Family suppor Examples: Past   | specific information t them, including whether already filed the returns he tax years  | ousal support, child support, maintena     | State:  Local:  Ince, divorce settlement, property settlement  Alimony:                     | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t                                   |
| 28.   | Tax refunds on  Yes. Give s abou you a and t  Family suppor Examples: Past   | specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, sp   | ousal support, child support, maintena     | State: Local:  ance, divorce settlement, property settlement Alimony: Maintenance:          | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 t \$0.00                               |
| 28.   | Tax refunds on  Yes. Give s abou you a and t  Family suppor Examples: Past   | specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, sp   | ousal support, child support, maintena     | State: Local:  ance, divorce settlement, property settlement Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00 \$0.00                |
| 28.   | Tax refunds on  Yes. Give s abou you a and t  Family suppor Examples: Past   | specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, sp   | ousal support, child support, maintena     | State: Local:  ance, divorce settlement, property settlement Alimony: Maintenance:          | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 t \$0.00                               |
| 29.   | Tax refunds on  ✓ No  Yes. Give s abou you a and t  Family suppor Examples: Past ✓ No  Yes. Give s                               | specific information t them, including whether already filed the returns the tax years  t due or lump sum alimony, sp  | ousal support, child support, maintena     | State: Local:  ance, divorce settlement, property settlement Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00 \$0.00                |
| 29.   | Tax refunds on  ✓ No  Yes. Give s abou you a and t  Family suppor Examples: Past ✓ No  ☐ Yes. Give s  Other amount Examples: Unp | specific information t them, including whether already filed the returns he tax years  |  | State: Local:  Alimony: Maintenance: Support: Divorce settlement:                           | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | Tax refunds on  ✓ No  Yes. Give s abou you a and t  Family suppor Examples: Past ✓ No  ☐ Yes. Give s  Other amount Examples: Unp | specific information t them, including whether already filed the returns he tax years  | payments, disability benefits, sick pay,   | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:      | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29.   | No Yes. Give s about you a and t  Family support Examples: Past  No Yes. Give s  Other amount Examples: Unp Soc                  | specific information t them, including whether already filed the returns he tax years   t due or lump sum alimony, sp specific information  s someone owes you aid wages, disability insurance ial Security benefits; unpaid loa | payments, disability benefits, sick pay,   | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:      | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb  | tor 1 Joseph  | E.                            | Thomas                        | Case number (if known)                          |  |
|------|---|-------------------------------|-------------------------------|---|--|
|      | First Name  | Middle Name                   | Last Name                     |   |  |
| 31.  | Interests in insurance p<br>Examples: Health, disabilit |                               | ings account (HSA); credit, h | nomeowner's, or renter's insurance              |  |
|      | ✓ No  Yes. Name the insura of each policy and list      | nce company .                 | eany name:                    | Beneficiary:                                    | Surrender or refund value:   |
| 32.  |   | that is due you from someo    |                               | ry, or are currently entitled to receive        |  |
|      | property because someon                                 |                               |                               | y, or are currently critical to receive         |  |
|      | Yes. Describe   |                               |                               |   |  |
| 33.  |   | rties, whether or not you ha  |                               | a demand for payment                            |  |
|      | Yes. Describe   |                               |                               |   |  |
| 34.  | Other contingent and us to set off claims               | nliquidated claims of every   | nature, including counter     | claims of the debtor and rights                 |  |
|      | No Yes. Describe  |                               |                               |   |  |
| 35.  | Any financial assets you                                | ı did not already list        |                               | ,   |  |
|      | Yes. Describe   |                               |                               |   |  |
| 36.  |   | all of your entries from Part |                               | or pages you have attached                      | \$-39.54   |
| Part | 5: Describe Any Bus                                     | siness-Related Property       | You Own or Have an I          | nterest In. List any real estate in Part        | :1.  |
| 37.  | Do you own or have any                                  | legal or equitable interest   | in any business-related pr    | operty?   |  |
|      | No. Go to Part 6. Yes. Go to line 38.                   |                               |                               | <b>p</b><br>C                                   | current value of the ortion you own? on ot deduct secured claims rexemptions |
| 38.  |   | commissions you already e     | arned                         |   |  |
|      | Yes. Describe   |                               |                               |   |  |
| 39.  | Office equipment, furnis<br>Examples: Business-relate   |                               | ems, printers, copiers, fax m | achines, rugs, telephones, desks, chairs, elect | ronic devices  |
|      | ✓ No  Yes. Describe                                     |                               |                               |   |  |
|      |   |                               |                               |   |  |

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| Deb      | tor 1 Joseph            | E                                | Thomas                             | Case number (if known)          |   |
|----------|-------------------------|----------------------------------|------------------------------------|---------------------------------|---|
|          | First Name              | Middle Name                      | Last Name                          |                                 |   |
| 40.      | Machinery, fixtures, e  | equipment, supplies you u        | se in business, and tools of you   | r trade                         |   |
|          | <b>✓</b> No             |                                  |                                    |                                 |   |
|          | Yes. Describe           |                                  |                                    |                                 |   |
|          | _                       |                                  |                                    |                                 |   |
|          |                         |                                  |                                    |                                 |   |
| 41.      | Inventory               |                                  |                                    |                                 |   |
|          | <b>✓</b> No             |                                  |                                    |                                 |   |
|          | Yes. Describe           |                                  |                                    |                                 |   |
|          | _                       |                                  |                                    |                                 |   |
| 12       | Interests in partnersh  | ine or joint vontures            |                                    |                                 |   |
| 42.      |                         | iips or joint ventures           |                                    |                                 |   |
|          | <b>✓</b> No             |                                  | lame of entity:                    | % of ownership:                 |   |
|          | Yes. Give specific      | •                                | tamo or omaty.                     | , a or own doing.               |   |
|          | information about them  | -                                |                                    |                                 |   |
|          | urom                    |                                  |                                    |                                 |   |
|          |                         |                                  |                                    |                                 |   |
| 12       | Customor lists mailing  | lists, or other compilatio       | ne                                 |                                 |   |
| 45.      |                         | insis, or other compliant        | 113                                |                                 |   |
|          | <b>✓</b> No             |                                  |                                    |                                 |   |
|          | Yes. Do your lists i    | nclude personally identifiable   | e information (as defined in 11 U. | S.C. § 101(41A))?               |   |
|          | ☐ No                    |                                  |                                    |                                 |   |
|          | Yes. Desc               | ribe                             |                                    |                                 |   |
|          |                         |                                  |                                    |                                 |   |
| 44.      | Any business-related    | property you did not alrea       | ady list                           |                                 |   |
|          | <b>✓</b> No             |                                  |                                    |                                 |   |
|          | Yes. Give specific      | <del>-</del>                     |                                    |                                 | <del>_</del>                                  |
|          | information             | _                                |                                    |                                 |   |
|          |                         |                                  |                                    |                                 |   |
|          |                         | _                                |                                    |                                 | <del>-</del>                                  |
|          |                         | <del>-</del>                     |                                    |                                 | <del>_</del>                                  |
|          |                         |                                  |                                    |                                 |   |
|          |                         | -                                |                                    |                                 |   |
|          |                         | _                                |                                    |                                 | _   |
|          |                         |                                  |                                    |                                 |   |
|          |                         |                                  | rt 5, including any entries for p  |                                 |   |
| <b>•</b> | art 5. Write that humbe | 31 Here                          |                                    |                                 |   |
| Part     | Describe Any F          | arm- and Commercial              | Fishing-Related Property           | You Own or Have an Interest In. |   |
|          | If you own or have ar   | interest in farmland, list it in | Part 1.                            |                                 |   |
| 46.      | Do you own or have a    | ny legal or equitable inte       | rest in any farm- or commercia     | I fishing-related property?     |   |
|          | No. Go to Part 7.       |                                  |                                    |                                 | Current value of the                          |
|          | Yes. Go to line 47.     |                                  |                                    |                                 | portion you own? Do not deduct secured claims |
|          |                         |                                  |                                    |                                 | or exemptions                                 |
| 47.      | Farm animals            |                                  |                                    |                                 |   |
|          | Examples: Livestock, p  | oultry, farm-raised fish         |                                    |                                 |   |
|          | <b>✓</b> No             |                                  |                                    |                                 |   |
|          | Yes. Describe           |                                  |                                    |                                 |   |
|          |                         |                                  |                                    |                                 |   |
|          |                         |                                  |                                    |                                 |   |

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| Debto          | or 1 Joseph                | E   | Thomas                     | Case number (if known)         |              |
|----------------|----------------------------|---|----------------------------|--------------------------------|--------------|
|                | First Name                 | Middle Name   | Last Name                  |                                |              |
| 48.            | Crops-either growing       | or harvested  |                            |                                |              |
|                | <b>✓</b> No                |   |                            |                                |              |
|                | Yes. Describe              |   |                            |                                |              |
|                | Tes. Describe              |   |                            |                                |              |
|                |                            |   |                            |                                |              |
| 49.            | Farm and fishing equi      | pment, implements, machinery, f   | ixtures, and tools of trac | le                             |              |
|                |                            | ,,,,,,,,  |                            | -                              |              |
|                | <b>✓</b> No                |   |                            |                                |              |
|                | Yes. Describe              |   |                            |                                |              |
|                |                            |   |                            |                                |              |
|                | E                          | Provident and the state of the |                            |                                |              |
| 50.            | Farm and fishing supp      | olies, chemicals, and feed  |                            |                                |              |
|                | <b>✓</b> No                |   |                            |                                |              |
|                | Yes. Describe              |   |                            |                                |              |
|                |                            |   |                            |                                |              |
|                |                            |   |                            |                                |              |
| 51.            | Any farm- and comme        | ercial fishing-related property you   | did not already list       |                                |              |
|                | <b>✓</b> No                |   |                            |                                |              |
|                | Yes. Describe              |   |                            |                                |              |
|                | 100. 2000                  |   |                            |                                |              |
|                |                            |   |                            |                                |              |
|                |                            |   |                            |                                |              |
|                |                            | II of your entries from Part 6, inc   |                            |                                |              |
| b Fai          | it o. write that numbe     | i liele   |                            |                                |              |
|                |                            |   |                            |                                |              |
|                |                            |   |                            |                                |              |
|                | D 11 . AU D                |   |                            | INC. III CALL                  |              |
| Part 7         |                            | pperty You Own or Have an Ir  |                            | d Not List Above               |              |
|                |                            | perty of any kind you did not alre  | ady list?                  |                                |              |
|                | Examples: Season ticke     | ts, country club membership   |                            |                                |              |
|                | <b>✓</b> No                |   |                            |                                |              |
|                | Yes. Give specific         |   |                            |                                |              |
| '              | information                |   |                            |                                |              |
|                |                            |   |                            |                                |              |
|                |                            |   |                            |                                |              |
| E4 A4          | d the deller value of a    | Il of your ontring from Bort 7. Wri   | to that number here        |                                |              |
| 54. Au         | u the donar value of a     | II of your entries from Part 7. Wri   | te that humber here        |                                |              |
|                |                            |   |                            |                                |              |
|                |                            |   |                            |                                |              |
|                |                            |   |                            |                                |              |
|                |                            |   |                            |                                |              |
| Part 8         | List the Totals o          | f Each Part of this Form  |                            |                                |              |
| Part o         | LIST THE TOTALS O          | Lacii Fait oi ulis Foilli   |                            |                                |              |
| 55 P           | art 1: Total real estate   | e, line 2   |                            | •                              |              |
| 00.1           | art ii rotai roai ootat    | , III 2   |                            |                                |              |
| 56 pa          | art 2 total vehicles, lir  | ne 5  |                            |                                |              |
| 00. <b>p</b>   | art 2 total tolliolog, ill |   | \$8975.00                  | <u></u>                        |              |
| 57. <b>Pa</b>  | ırt 3: Total personal a    | nd household items, line 15   | \$1850.00                  |                                |              |
| 58. <b>P</b> a | rt 4: Total financial a    | ssets, line 36  | \$-39.54                   |                                |              |
|                |                            |   | φ-39.54                    | <del></del>                    |              |
| 59. P          | art 5: Total business-r    | elated property, line 45  |                            | <u></u>                        |              |
| 60. <b>P</b>   | art 6: Total farm- and     | fishing-related property, line 52   |                            |                                |              |
| 61 D           | art 7: Total other pro-    | perty not listed line 54  |                            | <u> </u>                       |              |
| 01. P          | ait 7. Total other prop    | perty not listed, line 54   |                            |                                |              |
| 62. <b>T</b>   | otal personal property     | Add lines 56 through 61   | \$10785.46                 |                                | + \$10785.46 |
|                |                            |   | +.0.00.10                  | Copy personal property total ► |              |
|                |                            |   |                            |                                |              |
| 00 -           | 1.1.6.0                    | 0.1   |                            |                                | \$10785.46   |
| 63.To          | ιται of all property on \$ | Schedule A/B. Add line 55 + line 62   | ,                          |                                | 1            |

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| Fill in this information to identify your case: |            |             |                              |  |  |  |
|---|------------|-------------|------------------------------|--|--|--|
| Debtor 1  | Joseph     | E.          | Thomas                       |  |  |  |
|   | First Name | Middle Name | Last Name                    |  |  |  |
| Debtor 2  | Denneille  |             | Thomas                       |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                    |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois (State) |  |  |  |
| Case number (If known)                          |            |             | (,                           |  |  |  |

#### Official Form 106C

### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | Identity the Property You Clair  | n as Exempt   |   |                                    |
|----|--|---|---|------------------------------------|
| 1. |  | -   |   |                                    |
|    | You are claiming state and federal   | nonbankruptcy exemp   | otions. 11 U.S.C. § 522(b)(3)   |                                    |
|    | You are claiming federal exemption   | ns. 11 U.S.C. § 522(b)(   | 2)  |                                    |
| 2. | For any property you list on Schedule A  | /B that you claim as e  | xempt, fill in the information below.   |                                    |
|    | Brief description of the property and line on Schedule A/B that lists this property          | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption |
|    | Brief description:  Misc. Men's Women's and Children's Clothing  Line from Schedule A/B:  11 | \$550.00  | \$550.00  100% of fair market value, up to any applicable statutory limit                           | 735 ILCS 5/12-1001(a)              |
|    | Brief description: Used Furniture Line from Schedule A/B: 06                                 | \$750.00  | \$750.00  100% of fair market value, up to any applicable statutory limit                           | 735 ILCS 5/12-1001(b)              |
| 3. | ✓ No   | ery 3 years after that for  | 375? cases filed on or after the date of adjustment.) rithin 1,215 days before you filed this case? |                                    |

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Debtor 1 Joseph E. **Thomas** Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$550.00 description: **✓** \$550.00 Misc. Electronics 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: Brief 735 ILCS 5/12-1001(b) (\$39.54)description: **✓** \$0 Checking account, Fifth 100% of fair market value, up to any applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$0.00 description: **✓** \$0 Savings account, Fifth 100% of fair market value, up to any Third applicable statutory limit Line from Schedule A/B: Brief 735 ILCS 5/12-1001(c); 735 ILCS \$8,975.00 description: 5/12-1001(b) \$0 Buick Regal, 2011, 2011 100% of fair market value, up to any **Buick Regal** applicable statutory limit

Line from

Schedule A/B:

03

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|                 |                          |   | Do                           | cument Page 22 o   | f 71  |   |                                    |
|-----------------|--------------------------|---|------------------------------|--|---|---|------------------------------------|
| Fill in         | this inform              | mation to identify your ca  | se:                          |  |   |   |                                    |
| Debto           | or 1                     | Joseph<br>First Name  | E.<br>Middle Name            | Thomas<br>Last Name  |   |   |                                    |
| Debto<br>(Spous | or 2<br>se, if filing)   | Denneille<br>First Name   | Middle Name                  | Thomas<br>Last Name  |   |   |                                    |
|                 | d States B               | ankruptcy Court for the:  | Northern                     | District of Illinois (State)   |   |   |                                    |
|                 | icial                    | Form 106D   | ors Who Ha                   | ve Claims Secu   | $oxedsymbol{oxed}$ red by Prop                                    | ш,  | Check if this is an amended filing |
| Be as<br>more   | complete<br>space is i   | and accurate as possib  | le. If two married people    | e are filing together, both are e<br>nber the entries, and attach it t   | qually responsible for su   | ipplying correct info                                 | rmation. If                        |
| 1. I            | Do any c                 | reditors have claims se   | ecured by your proper        | ty?  |   |   |                                    |
|                 | No. C                    | Check this box and subm   | nit this form to the court v | with your other schedules. You h   | ave nothing else to repo  | ort on this form.                                     |                                    |
| i               | ✓ Yes.                   | Fill in all of the information  | n below.                     |  |   |   |                                    |
| Part            | 1: List                  | All Secured Claims  |                              |  |   |   |                                    |
| 2.              | separate                 | ly for each claim. If more th   | nan one creditor has a part  | cured claim, list the creditor<br>ticular claim, list the other creditors<br>order according to the creditor's | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any  |
| 2.1             | Creditor's               | INDIAN SCHOOL RD  | 2011 Buick Regal             | that secures the claim:  | \$18,081.00<br>/·   | \$8,975.00  | \$9,106.00                         |
|                 | PHOENI<br>City<br>Who ow | X AZ 85018 State ZIP Code es the debt? Check one.                     | Unliquidated Disputed        |  |   |   |                                    |
|                 | Deb                      | tor 1 only tor 2 only tor 1 and Debtor 2 only east one of the debtors | car loan)                    | all that apply.  made (such as mortgage or secure  as tax lien, mechanic's lien)                               | ed  |   |                                    |
|                 |                          | another   | Judgment lien from           | n a lawsuit  |   |   |                                    |

Other (including a right to offset) \_

Last 4 digits of account number \_\_\_

Add the dollar value of your entries in Column A on this page. Write that number

Check if this claim relates

to a community debt
Date debt was

here:

incurred

1301

\$18,081.00

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| Fill in this information to identify your case: |            |             |                              |  |  |
|---|------------|-------------|------------------------------|--|--|
| Debtor 1  | Joseph     | E           | Thomas                       |  |  |
|   | First Name | Middle Name | Last Name                    |  |  |
| Debtor 2  | Denneille  |             | Thomas                       |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                    |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois (State) |  |  |
| Case number<br>(If known)                       |            |             | (1.55.7)                     |  |  |

Official Form 106E/F

| _ | 0     | :£ | 41- :- | :_ |    |         | £:1:   |
|---|-------|----|--------|----|----|---------|--------|
|   | Check | ΙT | tnis   | IS | an | amended | Tiling |

#### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

| Part 1: | List All of Your PRIORITY Unsecured Claims |
|---------|--|
|         |  |

- Do any creditors have priority unsecured claims against you?
   ✓ No. Go to Part 2.
   ✓ Yes.
- 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total Priority Nonpriority claim amount amount

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Debtor 1 Joseph Thomas Case number (if known) Middle Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 Advocate Trinity Hospital \$2,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P.O. Box 3039 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60522 Hinsdale Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Medical Other. Specify \_\_\_ Is the claim subject to offset? Yes American InfoSource LP (agent for Midland Funding) 4.2 \$870.06 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a c/o Lovette Walls Street Number As of the date you file, the claim is: Check all that apply. PO Box 268941 Contingent Unliquidated 73126 Oklahoma City Oklahoma City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ Credit Card Is the claim subject to offset? **✓** No Yes 4.3 Americash \$213.56 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 555 Torrence Avenue As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60409 Calumet City Illinois City Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify\_ Is the claim subject to offset? **✓** No Offician Yes Schedule E/F: Creditors Who Have Unsecured Claims page 2

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Debtor 1 Joseph E Thomas Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 Americash \$600.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 555 Torrence Avenue Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60409 Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only **V** divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Loan Is the claim subject to offset? **✓** No Yes AT&T Mobility 4.5 \$1,091.07 Last 4 digits of account number \_ Nonpriority Creditor's Name PO Box 6416 When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Carol Stream Illinois 60197 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_ Is the claim subject to offset? **✓** No Yes City of Chicago Department of Revenue 4.6 \$6,279.47 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 121 North LaSalle Street n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60602 Chicago Illinois Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Tickets

✓ No ✓ Yes

Is the claim subject to offset?

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Thomas Case number (if known) Debtor 1 Joseph Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 

| 4.7 | CONSERVE  | — Last 4 digits of account number8373  | \$2,063.00 |
|-----|---|--|------------|
|     | Nonpriority Creditor's Name<br>200 CROSS KEYS OFFICE PA | When was the debt incurred? 8/2016   |            |
|     | Number Street   | As of the date you file, the claim is: Check all that apply.   |            |
|     |   | Contingent   |            |
|     | FAIRPORT New York 14450                                 | Unliquidated   |            |
|     | City State Zip Code Who incurred the debt? Check one.   | Disputed   |            |
|     | Debtor 1 only   | Type of NONPRIORITY unsecured claim:   |            |
|     | Debtor 2 only   | Student loans  |            |
|     | Debtor 1 and Debtor 2 only                              | Obligations arising out of a separation agreement or   |            |
|     | At least one of the debtors and another                 | divorce that you did not report as priority claims   |            |
|     | Check if this claim relates to a community debt         | Debts to pension or profit-sharing plans, and other similar debts  |            |
|     | Is the claim subject to offset?                         | 001 Collection; Collecting for   |            |
|     | ✓ No  | ORIGINAL CREDITOR: KENDALL Other. Specify COLLEGE  |            |
|     | Yes   |  |            |
| 4.8 | CORNERSTONE/DEPT OF E                                   |  | \$2,789.00 |
|     | Nonpriority Creditor's Name                             | Last 4 digits of account number 0002   | Ψ2,1.00.00 |
|     | PO BOX 61047<br>Number Street                           | When was the debt incurred? 7/2015   |            |
|     |   | As of the date you file, the claim is: Check all that apply.   |            |
|     | LIADDICDUDG Poppositionia 17106                         | Contingent   |            |
|     | HARRISBURG Pennsylvania 17106 City State Zip Code       | Unliquidated   |            |
|     | Who incurred the debt? Check one.                       | Disputed   |            |
|     | Debtor 1 only   | Type of NONPRIORITY unsecured claim:   |            |
|     | Debtor 2 only   | ✓ Student loans  |            |
|     | Debtor 1 and Debtor 2 only                              | Obligations arising out of a separation agreement or   |            |
|     | At least one of the debtors and another                 | divorce that you did not report as priority claims   |            |
|     | Check if this claim relates to a community debt         | Debts to pension or profit-sharing plans, and other similar debts  |            |
|     | Is the claim subject to offset?                         | Other. Specify   |            |
|     | ✓ No  | _  |            |
|     | Yes   |  |            |
| 4.9 | CORNERSTONE/DEPT OF E                                   | Last 4 Malla of control of the contr | \$2,397.00 |
|     | Nonpriority Creditor's Name                             | — Last 4 digits of account number 0001   | ΨΞ,0000    |
|     | PO BOX 61047<br>Number Street                           | When was the debt incurred? 7/2015   |            |
|     |   | As of the date you file, the claim is: Check all that apply.   |            |
|     | HADDISDUDG Poppovlyopia 17106                           | Contingent   |            |
|     | HARRISBURG Pennsylvania 17106 City State Zip Code       | Unliquidated   |            |
|     | Who incurred the debt? Check one.                       | Disputed   |            |
|     | Debtor 1 only   | Type of NONPRIORITY unsecured claim:   |            |
|     | Debtor 2 only   | ✓ Student loans  |            |
|     | Debtor 1 and Debtor 2 only                              | Obligations arising out of a separation agreement or   |            |
|     | At least one of the debtors and another                 | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar  |            |
|     | Check if this claim relates to a community debt         | debts  |            |
|     | Is the claim subject to offset?                         | Other. Specify   |            |
|     | ✓ No  |  |            |
|     | Yes   |  |            |

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Debtor 1 Joseph E Thomas Case number (if known) Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** CREDIT PROTECTION ASSO 4.10 \$2,016.00 Last 4 digits of account number Nonpriority Creditor's Name 1355 NOÉL RD SUITE 2100 When was the debt incurred? 7/2016 Number As of the date you file, the claim is: Check all that apply. Contingent DALLAS Texas 75240 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **|** ORIGINAL CREDITOR: **✓** No COMMONWEALTH EDISON **COMPANY** Other. Specify Yes 4.11 GE Money Bank \$1,100.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 960061 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 32896 Orlando Florida City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Judgement - 2011-M1-153114 Is the claim subject to offset? **✓** No Yes I C SYSTEM INC 4.12 \$1,089.00 Last 4 digits of account number 1878 Nonpriority Creditor's Name PO BOX 64378 When was the debt incurred? 12/2016 Number As of the date you file, the claim is: Check all that apply. Contingent SAINT PAUL 55164 Minnesota Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: ◪ Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Other. Specify ORIGINAL CREDITOR: DIRECTV Is the claim subject to offset? **✓** No

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Debtor 1 Joseph E Thomas Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 Illinois Bell Telephone Company \$266.85 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 8100 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60507 Aurora Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Telephone Is the claim subject to offset? **✓** No Yes 4.14 OVERLND BOND \$12,230.00 0688 Last 4 digits of account number \_\_ Nonpriority Creditor's Name 7/2013 4701 W FULLERTON When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated CHICAGO Illinois 60639 State Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ 54 Automobile Is the claim subject to offset? **✓** No Yes SOURCE RECEIVABLES MNG 4.15 \$671.00 Last 4 digits of account number 5017 Nonpriority Creditor's Name 9/2016 When was the debt incurred? 4615 DUNDAS DR STE 102 Number Street As of the date you file, the claim is: Check all that apply. Contingent GREENSBORO 27407 North Carolina Unliquidated Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? ORIGINAL CREDITOR: PEOPLES **✓** No Other. Specify \_ GAS LIGHT COKE CO

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Debtor 1 Joseph E Thomas Case number (if known) Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 SOUTHWEST CREDIT SYSTE \$1,808.00 Last 4 digits of account number Nonpriority Creditor's Name 5910 W PLANO PKWY STE 10 When was the debt incurred? 1/2017 Number As of the date you file, the claim is: Check all that apply. Contingent 75093 **PLANO** Texas Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? Other. Specify ORIGINAL CREDITOR: COM ED **✓** No Yes 4.17 Sprint Corp. \$1,450.87 Last 4 digits of account number Nonpriority Creditor's Name PO Box 7949 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Attn Bankruptcy Dept Contingent Unliquidated 66207 Overland Park Kansas City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Cell Is the claim subject to offset? **✓** No Yes Synchrony Bank 4.18 \$1,579.58 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 25 SE 2nd Ave Suite 1120 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 33131 Miami Florida Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Credit Card Other. Specify Is the claim subject to offset? **✓** No

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E **Thomas** Debtor 1 Joseph Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 Title Max \$2,512.64 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2834 N Harlem Ave Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60707 Elmwood Park Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Title Loan Is the claim subject to offset? **✓** No ☐ Yes 4.20 WEBBANK/FINGERHUT FRES \$125.00 Last 4 digits of account number \_\_ 3656 Nonpriority Creditor's Name When was the debt incurred? 12/2016 6250 RIDGEWOOD RD Number Street As of the date you file, the claim is: Check all that apply. Contingent SAINT CLOUD 56303 Minnesota Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_\_\_ 008 InstallmentLoan Is the claim subject to offset? **✓** No

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| Debtor   | 1 Joseph<br>First Name   |                   | E.<br>Middle Name             | Thomas<br>Last Name  | Case number (if known) |  |  |  |  |  |
|--|--|-------------------|-------------------------------|--|------------------------|--|--|--|--|--|
| Part 3:  | art 3: List Others to Be Notified About a Debt That You Already Listed |                   |                               |  |                        |  |  |  |  |  |
| 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this p |  |                   |                               |  |                        |  |  |  |  |  |
| _  | Meyer & Njus PA<br>Name  |                   |                               | On which entry in Part 1 or Part 2 did you list the original creditor? |                        |  |  |  |  |  |
| _  | 33 N Dearborn #1301<br>Number Street                                   |                   | Line 4.11 of <i>(Cl one):</i> | Tart 1. Greaters with Thomas Greater Glaine                            |                        |  |  |  |  |  |
| _  | hicago<br>ity  | Illinois<br>State | 60602<br>Zip Code             | Last 4 digits of account   |                        |  |  |  |  |  |

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Debtor 1 Joseph E. Thomas Case number (if known)

| First Nai                   | me Middle Name Last Name   |         |                                 |
|-----------------------------|--|---------|---------------------------------|
| Part 4: Add th              | ne Amounts for Each Type of Unsecured Claim  |         |                                 |
|                             | mounts of certain types of unsecured claims. This information is<br>nounts for each type of unsecured claim. | s for s | tatistical reporting purposes o |
|                             |  |         | Total claims                    |
| Total claims<br>from Part 1 | 6a. Domestic support obligations.  | 6a.     | \$0.00                          |
|                             | 6b. Taxes and certain other debts you owe the government   |         | \$0.00                          |
|                             | 6c. Claims for death or personal injury while you were intoxicated   | 6c.     | \$0.00                          |
|                             | 6d. Other. Add all other priority unsecured claims. Write that   | 6d.     | \$0.00                          |
|                             | amount here.  6e. Total. Add lines 6a through 6d.  | 6e.     | \$0.00                          |
|                             | oc. rotal. Add lines of through od.  | 00.     |                                 |
|                             |  |         | Total claims                    |
| Total claims from Part 2    | 6f. Student loans  | 6f.     | \$5,186.00                      |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  | 6g.     | \$0.00                          |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts  | 6h.     | \$0.00                          |
|                             | 6i. Other. Add all other nonpriority unsecured claims. Write   | 6i.     | \$37,966.10                     |
|                             | that amount here.  |         |                                 |
|                             | 6j. Total. Add lines 6f through 6i.  | 6j.     | \$43,152.10                     |

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| Fill in this infor  | mation to identify your c | ase:        |                      |
|---------------------|---------------------------|-------------|----------------------|
| Debtor 1            | Joseph                    | E.          | Thomas               |
|                     | First Name                | Middle Name | Last Name            |
| Debtor 2            | Denneille                 |             | Thomas               |
| (Spouse, if filing) | First Name                | Middle Name | Last Name            |
| United States E     | Bankruptcy Court for the: | Northern    | District of Illinois |
|                     |                           |             | (State)              |
| Case number         |                           |             |                      |
| (If known)          |                           |             |                      |

#### Official Form 106G

### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or compa                     | ny with whom you have | the contract or lease | State what the contract or lease is for                 |
|-------------------------------------|-----------------------|-----------------------|---|
| Finley, Shanika Name 10752 S. Perry |                       |                       | Residential Lease,<br>Debtor is Lessee,<br>Yearly Lease |
| Number<br>Chicago                   | Street<br>Illinois    | 60628                 |   |
| City                                | State                 | Zip Code              |   |

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| Debtor 1            | Joseph                    | E.          | Thomas               |
|---------------------|---------------------------|-------------|----------------------|
|                     | First Name                | Middle Name | Last Name            |
| Debtor 2            | Denneille                 |             | Thomas               |
| (Spouse, if filing) | First Name                | Middle Name | Last Name            |
| United States E     | Sankruptcy Court for the: | Northern    | District of Illinois |
|                     |                           |             | (State)              |
| Case number         |                           |             |                      |

Check if this is an amended filing

#### Official Form 106H

#### **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

|    | vn). Answer every question.  |  |  |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|--|--|--|
| 1. | Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)  |  |  |  |  |  |  |  |  |  |
|    | ✓ No   |  |  |  |  |  |  |  |  |  |
|    | Yes  |  |  |  |  |  |  |  |  |  |
| 2. | t. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)   |  |  |  |  |  |  |  |  |  |
|    | No. Go to line 3.  |  |  |  |  |  |  |  |  |  |
|    | Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  |  |  |  |  |  |  |  |  |  |
|    | ─ ✓ No   |  |  |  |  |  |  |  |  |  |
|    | Yes. In which community state or territory did you live? Fill in the name and current address of that person.  |  |  |  |  |  |  |  |  |  |
|    | Name of your spouse, former spouse, or legal equivalent  |  |  |  |  |  |  |  |  |  |
|    | Number Street  |  |  |  |  |  |  |  |  |  |
|    | City State Zip Code  |  |  |  |  |  |  |  |  |  |
| 3. | In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. |  |  |  |  |  |  |  |  |  |
|    | Column 1: Your codebtor  Column 2: The creditor to whom you owe the debt   |  |  |  |  |  |  |  |  |  |
|    | Check all schedules that apply:  |  |  |  |  |  |  |  |  |  |
|    |  |  |  |  |  |  |  |  |  |  |

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|   |   | DO                                   | cument P   | age 35 01 71     |  |
|---|---|--------------------------------------|--|------------------|--|
| Fill in this inf  | ormation to identify  | your case:                           |  |                  |  |
| Debtor 1  Debtor 2 (Spouse, if filing)  United States the: Case number (If known) | Joseph First Name Denneille First Name Bankruptcy Court for | E. Middle Name Middle Name  Northern | Thomas Last Name Thomas Last Name Oistrict of Illinois (State) |                  | Check if this is:  An amended filing  A supplement showing post-petition chapter 13 expenses as of the following date:  MM / DD / YYYY |
| Official I  | Form 106I   |                                      |  |                  |  |
| Schedul   | e I: Your Ind   | come                                 |  |                  | 12/15  |
| Be as comple  | te and accurate as  | possible. If two marrie              | ed people are fili   | ng together (Del | btor 1 and Debtor 2), both are equally   |

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

|   | Fill in your employment<br>nformation.                                |                             | Debtor 1   |        |              |  | Debtor 2                    |                |                  |  |
|---|---|-----------------------------|--|--------|--------------|--|-----------------------------|----------------|------------------|--|
| If you have more than one job,<br>attach a separate page with<br>information about additional |   | Employment status           | Employ Not Em                                      |        | ed           |  | Employed Not Empl           |                |                  |  |
|   | employers.  | Occupation                  |  |        |              |  |                             |                |                  |  |
|   | nclude part time, seasonal, or self-employed work.                    | Employer's name             | Employer's name Novitex Enterprise S               |        |              | rise Solutions Aon Service Corporation |                             | Corporation    |                  |  |
| (   | Occupation may include student  | Employer's address          | 300 1st Stamford PI # 2nd Floor West Number Street |        |              | 200 E Randolph Number Street           |                             |                |                  |  |
| (   | or homemaker, if it applies.  |                             |  |        |              |  |                             |                |                  |  |
|   |   |                             | Stamford   |        | Connecticu   | t 06902                                | Chicago                     | Illinois       | 60601            |  |
|   |   |                             | City   |        | State        | Zip Code                               | City                        | State          | Zip Code         |  |
|   |   | How long employed there?    | 3 years  |        | <u> </u>     |  | 2 months                    |                |                  |  |
| Par   | t 2: Give Details About M   | Ionthly Income              |  |        |              |  |                             |                |                  |  |
|   | imate monthly income as of touse unless you are separated.            | he date you file this form. | If you have ı                                      | nothin | g to report  | for any line, w                        | rite \$0 in the sp          | oace. Include  | your non-filing  |  |
|   | ou or your non-filing spouse have<br>re space, attach a separate shee |                             | ombine the i                                       | nform  | ation for al | l employers for                        | that person o               | n the lines be | low. If you need |  |
|   |   |                             |  |        | For De       | btor 1                                 | For Debtor 2 non-filing spo |                |                  |  |
| 2.  | List monthly gross wages, sala deductions.) If not paid monthly, be.  |                             |  | 2      |              | \$1,863.29                             |                             | \$2,762.93     |                  |  |
| 3.  | Estimate and list monthly over  | time pay.                   |  | 3      |              | + \$0.00                               |                             | + \$0.00       |                  |  |
| 4.  | Calculate gross income. Add li  | ne 2 + line 3.              |  | 4.     |              | \$1,863.29                             |                             | \$2,762.93     |                  |  |

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| Debtor  | r 1Joseph                                | E.  | Thomas            | Case number (if              |                                   |                                     |
|---|--|---|-------------------|------------------------------|-----------------------------------|-------------------------------------|
|   | First Name                               | Middle Name   | Last Name         | known) For Debtor 1          | For Debtor 2 or non-filing spouse |                                     |
| Copy  | y line 4 here                            |   | <b>→</b> 4.       | \$1,863.29                   | \$2,762.93                        |                                     |
| 5. List   | all payroll deduc                        |   |                   |                              |                                   |                                     |
| 5a. '   | Tax, Medicare, a                         | and Social Security deductions  | 5a.               | \$233.00                     | \$287.80                          |                                     |
| 5b.   | Mandatory cont                           | ributions for retirement plans  | 5b.               | \$0.00                       | \$0.00                            |                                     |
| 5c. '   | Voluntary contri                         | butions for retirement plans  | 5c.               | \$130.43                     | \$0.00                            |                                     |
| 5d.   | Required repayr                          | nents of retirement fund loans  | 5d.               | \$0.00                       | \$0.00                            |                                     |
| 5e.   | Insurance                                |   | 5e.               | \$29.94                      | \$0.00                            |                                     |
| 5f. <b>[</b>  | Domestic suppor                          | t obligations   | 5f.               | \$0.00                       | \$0.00                            |                                     |
| 5g.   | Union dues                               |   | 5g.               | \$0.00                       | \$0.00                            |                                     |
| 5h.   | Other deduction                          | ns. Specify:  | 5h. +             | \$246.20 +                   | \$0.00                            |                                     |
| 6. <b>Add</b><br>+5h.   | the payroll dedu                         | uctions. Add lines 5a + 5b + 5c + 5d + 5e + 5   | of + 5g 6.        | \$639.58                     | \$287.80                          |                                     |
| 7. Calc   | ulate total mon                          | thly take-home pay. Subtract line 6 from lin  | e 4. 7.           | \$1,223.71                   | \$2,475.14                        |                                     |
| 8. <b>List</b>  | all other income                         | e regularly received:   |                   |                              |                                   |                                     |
| l   | business, profes                         | •   |                   |                              |                                   |                                     |
| ,   |  | It for each property and business showing dinary and necessary business expenses, and net income  | d<br>8a.          | \$0.00                       | \$0.00                            |                                     |
|   | Interest and divi                        |   | 8b.               | \$0.00                       | \$0.00                            |                                     |
|   | Family support p                         | payments that you, a non-filing spouse, or larly receive  |                   |                              |                                   |                                     |
|   |  | spousal support, child support, maintenance<br>t, and property settlement.  | ,<br>8c.          | \$336.00                     | \$0.00                            |                                     |
| 8d.   | Unemployment of                          | compensation  | 8d.               | \$0.00                       | \$0.00                            |                                     |
| 8e. 3   | Social Security                          |   | 8e.               | \$0.00                       | \$0.00                            |                                     |
| <br> <br> <br> <br>   | nclude cash assis<br>cash assistance th  | nt assistance that you regularly receive stance and the value (if known) of any non-<br>lat you receive, such as food stamps (benefit nental Nutrition Assistance Program) or | s<br>8f.          | \$0.00                       | \$0.00                            |                                     |
| 8g.   | Pension or retire                        | ement income  | 8g.               | \$0.00                       | \$0.00                            |                                     |
| 8h.   | Other monthly in                         | ncome. Specify: Pro-Rated Tax Refund  | 8h. +             | \$292.00 +                   | \$667.00                          |                                     |
|   |  | e Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g   | + 8h. 9.          | \$628.00                     | \$667.00                          |                                     |
|   |  | ncome. Add line 7 + line 9.<br>10 for Debtor 1 and Debtor 2 or non-filing s   | 10.<br>pouse      | \$1,851.71                   | \$3,142.14                        | \$4,993.85                          |
| Inclu<br>frien  | ude contributions<br>ids or relatives.   | alar contributions to the expenses that your from an unmarried partner, members of you mounts already included in lines 2-10 or and   | r household, you  | r dependents, your roomr     |                                   |                                     |
| Spe   | cify:                                    |   |                   |                              | 11                                | . + \$0.00                          |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies |  |   |                   |                              |                                   |                                     |
| VVIIU   | e ulat alliuulli Ull                     | are cummary or consequies and statistical st  | mmary Of Certall  | i Liabillucə altu Nelateu Da | αα, τι ταμμιτο                    | \$4,993.85  Combined monthly income |
| 13. <b>Do</b>   | you expect an in<br>No.<br>Yes. Explain: | ncrease or decrease within the year after   | you file this for | n?                           |                                   | ·                                   |
|   | '  |   |                   |                              |                                   |                                     |

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Debtor 1 Joseph E. Thomas Case number (if First Name Middle Name Last Name known)

Part 2: Give Details About Monthly Income

#### Official Form 106I. Additional page.

|                                       | For Debtor 1 | non-filing spouse |
|---------------------------------------|--------------|-------------------|
| 5h.Other payroll deductions. Specify: |              |                   |
| 1. Dental                             | \$56.68      | \$0.00            |
| 2. Transit                            | \$184.17     | \$0.00            |
| 3. Vision                             | \$5.35       | \$0.00            |

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|   |  | Docu   | iment Page 38 of 7:                                 | L                 |   |
|---|--|--|---|-------------------|---|
| Fill in this infor  | mation to identif  | y your case:   |   |                   |   |
| Debtor 1  | Joseph   | E.   | Thomas  |                   |   |
|   | First Name   | Middle Name  | Last Name   | Check if this is: |   |
| Debtor 2  | Denneille  |  | Thomas  | An amended fili   | na  |
| (Spouse, if filing)   | First Name   | Middle Name  | Last Name   | 브                 |   |
|   | Bankruptcy Court   | for the: Northern [  | District of Illinois (State)                        |                   | howing post-petition chapter 13 the following date: |
| Case number<br>(If known)   |  |  |   | MM / DD / YYY     | Υ   |
| Official  | Form 10  | 16J  |   |                   |   |
| Schedul   | e J: Your  | Expenses   |   |                   | 12/15   |
| information. If (if known). Ans  Part 1: Des  1. Is this a joi  No. Go  Yes. Do | more space is n wer every quest cribe Your Ho nt case? to line 2 |  |   |                   |   |
|   |  | must file Official Forms 106J-2, Experi  | nses for Separate Household of Deb                  | tor 2.            |   |
| 2. Do you hav   | e dependents?  | No   |   |                   |   |
| Do not list D<br>Debtor 2.  | ebtor 1 and  | Yes. Fill out this information for each dependent                                | Dependent's relationship to<br>Debtor 1 or Debtor 2 | Dependent's age   | Does dependent live with you?                       |
|   |  |  | Child   | 13 years          | No.   |
|   |  |  | 01.71   | 44                | ✓ Yes.  No.   |
|   |  |  | Child   | 11 years          | <b>님.</b> .   |
|   |  |  | Child   | 10 4000           | Yes.  |
|   |  |  | Child   | 10 years          | Yes.  |
|   |  |  | Child   | 5 years           | No.   |
|   |  |  | Citiid  | 5 years           | ✓ Yes.  |
|   | •  | ✓ No ☐ Yes   |   |                   |   |
| Part 2: Esti  | mate Your On   | going Monthly Expenses   |   |                   |   |
|   | of a date after th   | your bankruptcy filing date unless y<br>ne bankruptcy is filed. If this is a sup |   |                   |   |
| -   | -  | h non-cash government assistance<br>luded it on Schedule I: Your Income          | = -   |                   | Your expenses                                       |
| 4. The renta  | l or home owner  | rship expenses for your residence. In  | nclude first mortgage payments and                  |                   | \$1,150.00  |

4.

4a

4b.

4c.

4d.

\$0.00

\$0.00

\$50.00

\$0.00

any rent for the ground or lot. 4.

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

If not included in line 4: 4a. Real estate taxes

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Debtor 1 Joseph E. Thomas Case number (if known)
First Name Middle Name Last Name

| First Name Middle Name Last Name   |     |               |
|--|-----|---------------|
|  |     | Your expenses |
| 5. Additional mortgage payments for your residence, such as home equity loans  | 5.  | \$0.00        |
| 6. Utilities:  |     |               |
| 6a. Electricity, heat, natural gas   | 6a. | \$300.00      |
| 6b. Water, sewer, garbage collection   | 6b. | \$0.00        |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c. | \$210.00      |
| 6d. Other. Specify:  | 6d  | \$0.00        |
| 7. Food and housekeeping supplies  | 7.  | \$925.00      |
| 8. Childcare and children's education costs  | 8.  | \$800.00      |
| 9. Clothing, laundry, and dry cleaning   | 9.  | \$160.00      |
| 10. Personal care products and services  | 10. | \$151.00      |
| 11. Medical and dental expenses  | 11. | \$100.00      |
| <ol> <li>Transportation. Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments</li> </ol>    | 12. | \$375.00      |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books   | 13. | \$0.00        |
| 14. Charitable contributions and religious donations   | 14. | \$0.00        |
| <ul><li>15. Insurance.</li><li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li></ul>   |     |               |
| 15a. Life insurance  | 15a | \$0.00        |
| 15b. Health insurance  | 15b | \$132.00      |
| 15c. Vehicle insurance   | 15c | \$110.00      |
| 15d. Other insurance. Specify:   |     | \$0.00        |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.                              |     |               |
| Specify:   | 16  | \$0.00        |
| 17. Installment or lease payments:   | 10  |               |
| 17a. Car payments for Vehicle 1  | 17a | \$0.00        |
| 17b. Car payments for Vehicle 2  | 17b | \$0.00        |
| 17c. Other. Specify:   | 17c | \$0.00        |
| 17d. Other. Specify:   |     | \$0.00        |
| 18. Your payments of alimony, maintenance, and support that you did not repor  |     | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18. |               |
| 19.Other payments you make to support others who do not live with you.   |     |               |
| Specify:   | 19. | \$0.00        |
| 20.Other real property expenses not included in lines 4 or 5 of this form or on Section 20a. Mortgages on other property |     | <b></b>       |
| 20b. Real estate taxes.  | 20a | \$0.00        |
|  | 20b | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance  | 20c | \$0.00        |
| 20d. Maintenance, repair, and upkeep expenses.   | 20d | \$0.00        |
| 20e. Homeowner's association or condominium dues   | 20e | \$0.00        |

Official Form 106J Schedule J: Your Expenses page 2

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| Debtor 1 Josep         |                         | E.                       | Thomas  | Case number (if known) |     |            |
|------------------------|-------------------------|--------------------------|---|------------------------|-----|------------|
| First N                | ame                     | Middle Name              | Last Name   |                        |     |            |
| 21. <b>Other.</b> Spec | cify:                   |                          |   |                        | 21  | \$0.00     |
|                        |                         |                          |   |                        |     |            |
|                        | your monthly expense    | es.                      |   |                        |     | \$4,463.00 |
|                        | es 4 through 21.        |                          | \$0.00  |                        |     |            |
|                        | , , ,                   |                          | from Official Form 106J-2                                   |                        |     | \$4,463.00 |
| 22c. Add lin           | e 22a and 22b. The res  | sult is your monthly exp | enses.  |                        | 22. |            |
| 23. Calculate y        | our monthly net inco    | me.                      |   |                        |     |            |
| 23a. Copy li           | ne 12 (your combined    | monthly income) from     | Schedule I.   |                        | 23a | \$4,993.85 |
| 23b. Copy y            | our monthly expenses    | from line 22 above.      |   |                        | 23b | \$4,463.00 |
| 23c. Subtrac           | ct your monthly expens  | ses from your monthly i  | ncome.  |                        |     | \$530.85   |
| The re                 | sult is your monthly ne | t income.                |   |                        | 23c |            |
|                        |                         |                          | oan within the year or do y<br>nodification to the terms of |                        |     |            |

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| Fill in this infor  | mation to identify your c | ase:        |                      |
|---------------------|---------------------------|-------------|----------------------|
| Debtor 1            | Joseph                    | E.          | Thomas               |
|                     | First Name                | Middle Name | Last Name            |
| Debtor 2            | Denneille                 |             | Thomas               |
| (Spouse, if filing) | First Name                | Middle Name | Last Name            |
| United States E     | Bankruptcy Court for the: | Northern    | District of Illinois |
|                     |                           |             | (State)              |
| Case number         |                           |             |                      |
| (If known)          |                           |             |                      |

#### Official Form 106Dec

### Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.  $\frac{1}{2} \left( \frac{1}{2} \right) = \frac{1}{2} \left( \frac{1}{2} \right) \left( \frac{1}{2} \right)$ 

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Pai | t 1: Sign Below   |   |  |  |  |  |  |  |  |  |
|-----|---|---|--|--|--|--|--|--|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |   |  |  |  |  |  |  |  |  |
|     | ✓ No  |   |  |  |  |  |  |  |  |  |
|     | Yes. Name of person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |  |
|     | Under penalty of perjury, I declare that I have read the summar that they are true and correct.   | y and schedules filed with this declaration and   |  |  |  |  |  |  |  |  |
| ×   | /s/ Joseph Thomas   | ✗ /s/ Denneille Thomas  |  |  |  |  |  |  |  |  |
|     | Signature of Debtor 1   | Signature of Debtor 2   |  |  |  |  |  |  |  |  |
|     | Date 5/12/2017<br>MM/DD/YYYY  | Date <b>5/12/2017</b> MM/DD/YYYY  |  |  |  |  |  |  |  |  |

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| Official                  | Form 107                   |             |                      |  |
|---------------------------|----------------------------|-------------|----------------------|--|
| Case number<br>(If known) |                            |             |                      |  |
| 0                         |                            |             | (State)              |  |
| United States E           | Sankruptcy Court for the:  | Northern    | District of Illinois |  |
| (Spouse, if filing)       | First Name                 | Middle Name | Last Name            |  |
| Debtor 2                  | Denneille                  |             | Thomas               |  |
|                           | First Name                 | Middle Name | Last Name            |  |
| Debtor 1                  | Joseph                     | E.          | Thomas               |  |
| Fill in this infor        | mation to identify your ca | ase:        |                      |  |

Check if this is an amended filing

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| <b>✓</b><br>Dui | Not married   | vears. have v  | ou lived anvwhe    | re other than where you liv  | ve now?        |            |          |                     |
|-----------------|---------------|----------------|--------------------|------------------------------|----------------|------------|----------|---------------------|
|                 | No            | ,              |                    |                              |                |            |          |                     |
| <b>✓</b>        |               | f the places y | ou lived in the la | st 3 years. Do not include v | vhere you live | now.       |          |                     |
|                 | Debtor 1:     |                |                    | Dates Debtor 1 lived there   | Debtor 2:      |            |          | Dates Debtor 2 live |
|                 |               |                |                    |                              | Same a         | s Debtor 1 |          | Same as Debtor      |
|                 | 12323 S. Prin | ceton          |                    |                              |                |            |          |                     |
|                 | Number Street | t              |                    | From <u>09/2013</u>          | Number Str     | eet        |          | From                |
|                 |               |                |                    | To 03/13/2015                |                |            |          | То                  |
|                 | Chicago       | Illinois       | 60628              |                              | 0''            | 01.1       |          |                     |
|                 | City          | State          | Zip Code           |                              | City           | State      | Zip Code |                     |
|                 |               |                |                    |                              | Same a         | s Debtor 1 |          | Same as Debtor      |
|                 | Number Street |                |                    | From                         | Number Str     |            |          | From                |
|                 | number Stree  | τ              |                    |                              | Number Str     | eet        |          | To                  |
|                 |               |                |                    |                              |                |            |          |                     |
|                 | City          | State          | Zip Code           |                              | City           | State      | Zip Code |                     |

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Case number (if known)

**Thomas** 

Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$6912.07 \$9144.00 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$25000.00 \$22091.25 For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, **✓** \$22000.00 ✓ \$25000.00 For the calendar year before that: commissions, commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from Describe below. each source Describe below. each source (before deductions (before deductions and and exclusions) exclusions) (Est.) YTD Child From January 1 of current year until \$1,344.00 Support the date you filed for bankruptcy: (Est.) YTD Child For last calendar year: \$4,032.00 Support (January 1 to December 31, 2016 (Est.) YTD Child For the calendar year before that: Support \$2,016.00 (January 1 to December 31, 2015

Debtor 1 Joseph

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**Thomas** Debtor 1 Joseph Case number (if known) Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

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| or 1              | Joseph                                 |  | E.   |   | omas  | Case number                                  | (if known)  |
|-------------------|--|--|--|---|---|--|---|
|                   | First Name                             |  | Middle Name  | Las                                       | st Name                                     |  |   |
| nsi<br>orp<br>ige | ders include your<br>porations of whic | r relatives; a<br>h you are a<br>for a busir | any general partner<br>an officer, director,<br>ness you operate a | s; relatives of any<br>person in control, | general partners; par<br>or owner of 20% or | tnerships of which y<br>more of their voting | who was an insider? you are a general partner; g securities; and any managing y domestic support obligations, |
| <b>✓</b>          | No                                     |  |  |   |   |  |   |
|                   | Yes. List all pay                      | yments to a                                  | an insider.  | Dates of                                  | Total amount                                | Amount you                                   | Reason for this payment   |
|                   |  |  |  | payment                                   | paid  | still owe                                    |   |
|                   | Insider's Name                         |  |  |   |   |  |   |
|                   | Number Street                          |  |  |   |   |  |   |
|                   | City                                   | State  | Zip Code   |   |   |  |   |
|                   | Insider's Name                         |  |  |   |   |  |   |
|                   | Number Street                          |  |  |   |   |  |   |
|                   |  |  |  |   |   |  |   |
|                   | City                                   | State  | Zip Code   |   |   |  |   |
|                   | No                                     |  | aranteed or cosigne  | •   | Total amount paid                           | Amount you still owe                         | Reason for this payment  Include creditor's name  |
|                   | Insider's Name                         |  |  |   | <u> </u>                                    |  |   |
|                   | Number Street                          |  |  |   |   |  |   |
|                   | City                                   | State  | Zip Code   |   |   |  |   |
|                   | Insider's Name                         |  |  |   | ·   |  |   |
|                   | Number Street                          |  |  |   |   |  |   |
|                   |  |  |  |   |   |  |   |
|                   | City                                   | State  | Zip Code   |   |   |  |   |

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**Thomas** Debtor 1 Joseph Case number (if known) Middle Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No **V** Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Garnishment \$0 Americash Creditor's Name Explain what happened 555 Torrence Avenue Number Street Property was repossessed. Property was foreclosed. Calumet City Illinois 60409 Property was garnished. State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code

Property was attached, seized, or levied.

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| Debt | tor 1 Joseph First Name     | E.<br>Middle Name   | Thomas<br>Last Name           | Case number (if known)                        |                        |
|------|-----------------------------|---|-------------------------------|---|------------------------|
| 11.  | Within 90 days before       | you filed for bankruptcy, did                                 | d any creditor, including a b | pank or financial institution, set off any am | ounts from your        |
|      | accounts or refuse to I     | make a payment because y                                      | ou owed a debt?               |   |                        |
|      | ✓ No                        |   |                               |   |                        |
|      | Yes. Fill in the deta       | ails.   |                               |   |                        |
|      |                             |   | Describe the action th        | e creditor took  Date action was taken        | Amount                 |
|      | Creditor's Name             |   | -                             |   | <del>-</del>           |
|      | Creditor's Name             |   |                               |   |                        |
|      | Number Street               |   | •                             |   |                        |
|      |                             |   | Last 4 digits of account      | number: XXXX-                                 |                        |
|      | City                        | State Zip Code  | -                             |   |                        |
|      |                             |   |                               |   |                        |
| 12.  |                             | ou filed for bankruptcy, was<br>custodian, or another officia |                               | possession of an assignee for the benefit     | of creditors, a court- |
|      | <b>✓</b> No                 |   |                               |   |                        |
|      | Yes                         |   |                               |   |                        |
| Part | 5: List Certain Gifts       | and Contributions   |                               |   |                        |
| 12   | Within 2 years before       | you filed for bankruptoy di                                   | d you give ony gifte with a t | otal value of more than \$600 per person?     |                        |
| 13.  | _                           | you med for bankruptcy, div                                   | a you give any gints with a t | otal value of more than \$000 per person:     |                        |
|      | ✓ No ✓ Yes. Fill in the det | ails for asob gift  |                               |   |                        |
|      | _                           | value of more than \$600                                      | Describe the gifts            | Dates you                                     | Value                  |
|      | per person                  | value of more than 4000                                       | bescribe the gifts            | gave the                                      | value                  |
|      |                             |   |                               | gifts   |                        |
|      | Person to Whom Yo           | ou Gave the Gift  | -                             |   |                        |
|      |                             |   | -                             |   |                        |
|      | Number Street               |   | -                             |   |                        |
|      |                             |   | -                             |   |                        |
|      | •                           | State Zip Code  |                               |   |                        |
|      | Person's relationshi        | ——————————————————————————————————————                        |                               |   |                        |
|      | Person to Whom Yo           | ou Gavo the Gift  | -                             |   |                        |
|      |                             | ou dave the dift  | -                             |   |                        |
|      | Number Street               |   | -                             |   |                        |
|      |                             |   | _                             |   |                        |
|      | •                           | State Zip Code  | -                             |   |                        |
|      | Person's relationshi        | p to you  |                               |   |                        |

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| Jeptor I | Joseph   | E.                       | Thomas   | Case number (if know       | vn)                                     |                        |
|----------|--|--------------------------|--|----------------------------|---|------------------------|
|          | First Name   | Middle Name              | Last Name  |                            | •                                       |                        |
|          |  |                          |  |                            |   |                        |
| 4. Wit   | hin 2 years before you filed   | l for bankruptcy, did    | you give any gifts or contributi   | ons with a total value     | of more than \$600                      | to any charity?        |
|          | l NI=  |                          |  |                            |   |                        |
| ✓        | No   |                          |  |                            |   |                        |
|          | Yes. Fill in the details for e   | ach gift or contribution | on.  |                            |   |                        |
|          | Gifts or contributions to o  | hovition                 | Describe what you contrib  |                            | Data wan                                | Value                  |
|          | that total more than \$600   |                          | Describe what you contrib  | utea                       | Date you contributed                    | Value                  |
|          | that total more than \$600   | ,                        |  |                            | Contributed                             |                        |
|          |  |                          |  |                            |   |                        |
|          | Charity's Name   |                          | -  |                            |   |                        |
|          | •  |                          |  |                            |   |                        |
|          |  |                          | -  |                            |   |                        |
|          | N Olarad   |                          | <u>-</u>   |                            |   |                        |
|          | Number Street  |                          |  |                            |   |                        |
|          | -  |                          | _  |                            |   |                        |
|          | City State   | Zip Code                 |  |                            |   |                        |
|          |  |                          |  |                            |   |                        |
| rt 6:    | List Certain Losses  |                          |  |                            |   |                        |
| gan      | nbling?  No  Yes. Fill in the details.   |                          |  |                            |   |                        |
|          | Describe the property you<br>how the loss occurred   | ı lost and               | Describe any insurance co<br>Include the amount that insu<br>pending insurance claims on | rance has paid. List       | Date of your loss                       | Value of property lost |
|          |  |                          | A/B: Property.   |                            |   |                        |
|          |  |                          |  |                            |   |                        |
|          |  |                          |  |                            |   | -                      |
| t 7.     | <b>List Certain Payments</b>   | or Transfors             |  |                            |   |                        |
| Incl     | out seeking bankruptcy or pude any attorneys, bankruptc  |                          |  | ervices required in your b | ankruptcy.                              |                        |
| Incl     | ude any attorneys, bankrupto<br>No   |                          | or credit counseling agencies for se   | ervices required in your b | ankruptcy.                              |                        |
| Incl     | ude any attorneys, bankrupto   |                          |  | ervices required in your b | ankruptcy.                              |                        |
| Incl     | ude any attorneys, bankrupto<br>No   |                          |  |                            | Date payment or transfer                | Amount of payment      |
| Incl     | ude any attorneys, bankrupto<br>No<br>Yes. Fill in the details.  |                          | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
| Incl     | ude any attorneys, bankrupto No Yes. Fill in the details.  Semrad Law Firm   |                          | r credit counseling agencies for se  |                            | Date payment or transfer                |                        |
| Incl     | ude any attorneys, bankrupto No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid   |                          | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
| Incl     | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue  |                          | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
| Incl     | ude any attorneys, bankrupto No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid   |                          | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
| Incl     | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue  |                          | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
| Incl     | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  | ry petition preparers, o | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
| Incl     | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois  | py petition preparers, o | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
| Incl     | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  | ry petition preparers, o | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
| Incl     | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State   | py petition preparers, o | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
| Incl     | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois  | py petition preparers, o | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
| Incl     | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address   | ey petition preparers, o | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
| Incl     | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State   | ey petition preparers, o | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
| Incl     | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address   | ey petition preparers, o | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
| Incl     | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payn                                   | ey petition preparers, o | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
| Incl     | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address   | ey petition preparers, o | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
|          | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payn  Person Who Was Paid              | ey petition preparers, o | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
|          | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payn                                   | ey petition preparers, o | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
|          | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payn  Person Who Was Paid              | ey petition preparers, o | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
|          | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payn Person Who Was Paid Number Street | ey petition preparers, o | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
| Incl     | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payn  Person Who Was Paid              | ey petition preparers, o | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
| Incl     | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payn Person Who Was Paid Number Street | 60643 Zip Code           | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
|          | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payn Person Who Was Paid Number Street | 60643 Zip Code           | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |
|          | No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Payn Person Who Was Paid Number Street | 60643 Zip Code  Zip Code | Description and value of au<br>transferred   |                            | Date payment<br>or transfer<br>was made | payment                |

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| Deb | tor 1              | Joseph   | E.   | Thomas  | Case n    | umber (if known)                      | -  |          |                              |
|-----|--------------------|--|--|---|-----------|---------------------------------------|--|----------|------------------------------|
|     |                    | First Name   | Middle Name  | Last Name   |           |                                       |  |          |                              |
| 17. | hel                | hin 1 year before you filed<br>p you deal with your credit<br>not include any payment or t | ors or to make payme                                 |   | oehalf p  | ay or transfer a                      | any property to a                          | nyone v  | who promised to              |
|     |                    | No<br>Yes. Fill in the details.  |  |   |           |                                       |  |          |                              |
|     |                    |  |  | Description and value of any p transferred        | roperty   |                                       | Date<br>payment or<br>transfer was<br>made | Amou     | nt of payment                |
|     |                    | Person Who Was Paid  |  |   |           |                                       |  |          |                              |
|     |                    | Number Street  |  |   |           |                                       |  |          |                              |
|     |                    | City State   | Zip Code   |   |           |                                       |  |          |                              |
| 18. | <b>the</b><br>Incl | ordinary course of your buude both outright transfers a transfers that you have alrea      | isiness or financial affa<br>nd transfers made as se | curity (such as the granting of a sec             | -         |                                       | •  |          |                              |
|     |                    | Yes. Fill in the details.  |  | Description and value of any                      |           | December on w                         |  |          | Data                         |
|     |                    |  |  | Description and value of any property transferred |           | Describe any payments rec in exchange | eived or debts p                           | aid      | Date<br>transfer was<br>made |
|     |                    | Person Who Received Tran   | sfer   |   |           |                                       |  |          |                              |
|     |                    | Number Street  |  |   |           |                                       |  |          |                              |
|     |                    | City State<br>Person's relationship to you   | Zip Code<br>u  |   |           |                                       |  |          |                              |
|     |                    | Person Who Received Tran   | sfer   |   |           |                                       |  |          |                              |
|     |                    | Number Street  |  |   |           |                                       |  |          |                              |
|     |                    | City State<br>Person's relationship to you   | Zip Code   |   |           |                                       |  |          |                              |
| 19. | ben                | hin 10 years before you file<br>reficiary?<br>ese are often called asset-pro               |  | you transfer any property to a se                 | lf-settle | ed trust or simi                      | ar device of whi                           | ch you a | are a                        |
|     | V                  | No<br>Yes. Fill in the details.  |  |   |           |                                       |  |          |                              |
|     |                    |  |  | Description and value of the                      | propert   | y transferred                         |  |          | Date<br>transfer was<br>made |
|     |                    | Name of trust  |  |   |           |                                       |  |          |                              |

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**Thomas** Debtor 1 Joseph \_ Case number (if known) Middle Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code City State Zip Code

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**Thomas** Debtor 1 Joseph \_\_ Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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| Deb  |      | Joseph                     |                | E.                         | Thomas                       | Case nur              | mber (if known)                                       |                    |
|------|------|----------------------------|----------------|----------------------------|------------------------------|-----------------------|---|--------------------|
|      |      | First Name                 |                | Middle Name                | Last Name                    |                       |   |                    |
| 26.  |      | e you been a party<br>No   | y in any judic | ial or administ            | rative proceeding under      | r any environmental l | aw? Include settlements and order                     | rs.                |
|      | Ħ    | Yes. Fill in the det       | ails.          |                            |                              |                       |   |                    |
|      | ш    |                            |                |                            | Court or agency              | N                     | ature of the case                                     | Status of the case |
|      |      | Case title                 |                |                            |                              |                       |   | Pending            |
|      |      |                            |                |                            | Court Name                   |                       |   | On appeal          |
|      |      | Case number                |                |                            | NumberStreet                 |                       |   | Concluded          |
|      |      | ·                          |                |                            | City State                   | Zip Code              |   | _                  |
| Part | 11:  | Give Details Ab            | oout Your B    | usiness or C               | onnections to Any Bu         | usiness               |   |                    |
| 27.  | With | nin 4 years before         | you filed for  | bankruptcy, di             | d you own a business or      | have any of the follo | wing connections to any business?                     | ?                  |
|      |      |                            |                |                            | ade, profession, or othe     | -                     | ne or part-time                                       |                    |
|      |      | A member of A partner in a |                |                            | LLC) or limited liability pa | artnership (LLP)      |   |                    |
|      |      |                            | -              |                            | ve of a corporation          |                       |   |                    |
|      |      | _                          |                |                            | equity securities of a cor   | poration              |   |                    |
|      |      | No. None of the a          | hove applies   | Go to Part 12              | •                            |                       |   |                    |
|      | 씜    |                            |                |                            | <br>details below for each l | business.             |   |                    |
|      | ш    |                            | ar app.y acc   | - C C                      |                              | ure of the business   | Employer Identification nu                            | umber Do not       |
|      |      |                            |                |                            |                              |                       | include Social Security nu                            |                    |
|      |      | Business Name              |                |                            | _                            |                       | EIN:  |                    |
|      |      | Number Street              |                |                            |                              |                       | Dates business existed                                |                    |
|      |      | City                       | State          | Zip Code                   | Name of account              | ant or bookkeeper     | From To   |                    |
|      |      | 0.1,                       | State          | <b>_</b> ,p <b>c</b> c c c |                              |                       | 110111  |                    |
|      |      |                            |                |                            | Describe the nat             | ure of the business   | Employer Identification nu include Social Security nu |                    |
|      |      | Business Name              |                |                            | _                            |                       | EIN:  |                    |
|      |      | Number Street              |                |                            |                              |                       | Dates business existed                                |                    |
|      |      |                            |                |                            | Name of account              | ant or bookkeeper     |   |                    |
|      |      | City                       | State          | Zip Code                   | _                            |                       | From To   |                    |
|      |      |                            |                |                            |                              |                       |   |                    |
|      |      |                            |                |                            | Describe the nat             | ure of the business   | Employer Identification nu include Social Security nu |                    |
|      |      |                            |                |                            |                              |                       |   | imber of frint.    |
|      |      | Business Name              |                |                            | _                            |                       | EIN:  |                    |
|      |      | Number Street              |                |                            | Name of account              | ant or bookkeeper     | Dates business existed                                |                    |
|      |      | City                       | State          | Zip Code                   | _                            |                       | From To   |                    |
|      |      |                            |                |                            |                              |                       |   |                    |
|      |      |                            |                |                            |                              |                       |   |                    |

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| Deb  | tor 1 Joseph                        |                     | E.                   | Thomas                        | Case number (if known)   |
|------|-------------------------------------|---------------------|----------------------|-------------------------------|--|
|      | First Name                          |                     | Middle Name          | Last Name                     |  |
| 28.  | creditors, or o                     |                     | r bankruptcy, did y  | ou give a financial statem    | ent to anyone about your business? Include all financial institutions,   |
|      | _                                   |                     |                      | Date issued                   |  |
|      |                                     |                     |                      | 2410 100404                   |  |
|      | Name                                |                     |                      | MM/DD/YYYY                    | -  |
|      | Number                              | Street              |                      |                               |  |
|      | City                                | State               | Zip Code             | _                             |  |
|      | City                                | State               | Zip Code             |                               |  |
| Part | 12: Sign Bel                        | ow                  |                      |                               |  |
| t    | true and correct<br>a bankruptcy ca | t. I understand tha | t making a false sta | atement, concealing prop      | nents, and I declare under penalty of perjury that the answers are erty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      | ×                                   | /s/ Joseph Tho      | mas                  |                               | /s/ Denneille Thomas   |
|      |                                     | Signature of Debto  | r 1                  |                               | Signature of Debtor 2  |
|      |                                     | Date 5/12/2017      |                      |                               | Date 5/12/2017   |
|      | Did you attach a                    | idditional pages to | Your Statement o     | f Financial Affairs for Indiv | iduals Filing for Bankruptcy (Official Form 107)?  |
| ]    | ✓ No<br>Yes                         |                     |                      |                               |  |
|      | Did you pay or a                    | gree to pay some    | ne who is not an a   | ttorney to help you fill out  | bankruptcy forms?  |
| ſ    | <b>✓</b> No                         |                     |                      |                               |  |
| Ī    | Yes. Name o                         | f person            |                      |                               | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).   |

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B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

|     | Northern Dis  | strict of illinois                       |                              |
|-----|---|--|------------------------------|
| re_ | Joseph E. Thomas ; Denneille Thomas   | Case No.                                 | 001                          |
|     | Debtor  | Chapter                                  | (If known)  Chapter 13       |
|     |   | · -                                      | ·                            |
|     | DISCLOSURE OF COMPENSATI  | ION OF ATTORNEY FO                       | OR DEBTOR                    |
| 1   | . Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I c compensation paid to me within one year before the filing of t rendered or to be rendered on behalf of the debtor(s) in conter | the petition in bankruptcy, or agreed to | be paid to me, for services  |
|     | For legal services, I have agreed to accept   |  | \$4,000.00                   |
|     | Prior to the filing of this statement I have received   |  | \$350.00                     |
|     | Balance Due   |  | \$3,650.00                   |
| 2   | . The source of the compensation paid to me was:  |  |                              |
|     | Debtor Other (spec  | cify)                                    |                              |
| 3   | . The source of the compensation paid to me is:   |  |                              |
|     | Debtor Other (spec  | cify)                                    |                              |
| 4   | I have not agreed to share the above-disclosed compensation members and associates of my law firm.  | ation with any other person unless they  | y are                        |
|     | I have agreed to share the above-disclosed compensation members or associates of my law firm. A copy of the agre the people sharing in the compensation, is attached.                           |  |                              |
| 5   | <ul> <li>In return for the above-disclosed fee, I have agreed to render I         <ul> <li>Analysis of the debtor's financial situation, and render<br/>bankruptcy;</li> </ul> </li> </ul>      |  |                              |
|     | b. Preparation and filing of any petition, schedules, state   | ements of affairs and plan which may b   | e required;                  |
|     | c. Representation of the debtor at the meeting of credito   | ors and confirmation hearing, and any a  | djourned hearings thereof;   |
|     | d. Representation of the debtor in adversary proceedings  | s and other contested bankruptcy matte   | ers;                         |
| 6   | s. By agreement with the debtor(s), the above-disclosed fee does  | s not include the following services:    |                              |
|     |   |  |                              |
|     |   | FICATION                                 |                              |
|     | I certify that the foregoing is a complete statement of any agree stor(s) in this bankruptcy proceedings.   | ment or arrangement for payment to m     | ne for representation of the |
|     | 5/12/2017   | /s/ Megan Holmes                         |                              |
|     | Date  | Signature of Attorney                    |                              |
|     |   | Semrad Law Firm                          |                              |
|     |   | Name of law firm                         |                              |

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$401.52
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$91.52 for expenses, leaving a balance due of \$4,051.52
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date:

5/9/2017

Signed:

/s/ Joseph Thomas

/s/ Denneille Thomas

Debtor(s)

/s/ Megan Holmes

Attorney for Debtor(s)

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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#### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| In re:  | Thomas, Joseph E.; Thomas, Denneille                | Case No                          |                                      |
|---------|---|----------------------------------|--------------------------------------|
|         | Debtor(s)   | 0000 140.                        |                                      |
|         |   | Chapter.                         | Chapter13                            |
|         | VERIFICATION  | OF CREDITOR MA                   | TRIX                                 |
| knowled | The above named Debtors hereby verify that the lge. | attached list of creditors is t  | rue and correct to the best of their |
| Date:   | 5/12/2017   | /s/ Thomas, Jo                   | seph E.                              |
|         |   | Thomas, Josep<br>Signature of De |                                      |
|         |   | /s/ Thomas, De                   |                                      |
|         |   | Thomas, Denne<br>Signature of Jo |                                      |

BRIDGECREST CREDIT 4020 E INDIAN SCHOOL RD PHOENIX, AZ, 85018

OVERLND BOND 4701 W FULLERTON CHICAGO, IL, 60639

CORNERSTONE/DEPT OF E PO BOX 61047 HARRISBURG, PA, 17106

CONSERVE 200 CROSS KEYS OFFICE PA FAIRPORT, NY, 14450

CREDIT PROTECTION ASSO Po Box 9035 Addison, TX, 75001

SOUTHWEST CREDIT SYSTE 5910 W PLANO PKWY STE 10 PLANO, TX, 75093

I C SYSTEM INC PO BOX 64378 SAINT PAUL, MN, 55164

SOURCE RECEIVABLES MNG 4615 DUNDAS DR STE 102 GREENSBORO, NC, 27407

WEBBANK/FINGERHUT FRES 6250 RIDGEWOOD RD SAINT CLOUD, MN, 56303

City of Chicago Department of Revenue P.O. Box 06152 Chicago, IL, 60606

AT&T Mobility One AT&T Way, Room 3A 104 Bedminster, NJ, 07921

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American InfoSource LP (agent for Midland Funding) PO Box 268941 Oklahoma City, OK, 73126

Sprint Corp. PO Box 7949 Attn: Bankruptcy Dept. c/o Jake Rattmann Overland Park, KS, 66207

Illinois Bell Telephone Company One AT&T Way, Room 3A218 Bedminster, NJ, 07921

Synchrony Bank PO Box 965064 Orlando, FL, 32896

Title Max 3101 W Grand Ave Waukegan, IL, 60085

Americash 3200 W. 159th Street Harvey, IL, 60426

Advocate Trinity Hospital Po Box 70173 Chicago, IL, 60673

GE Money Bank Po Box 960061 Orlando, FL, 32896

Meyer & Njus PA 33 N Dearborn #1301 Chicago, IL, 60602

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| Debtor 1 Joseph First Name  | E.<br>Middle Name   | Thomas  Last Name   | Case number (if known)  |  |
|---|---|---|---|--|
|   | estions for Reporting Purpos  |   |   |  |
| 16. What kind of debts do<br>you have?  | 16a. Are your debts primari "incurred by an individu No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primari  | ily consumer debts' ial primarily for a per ily business debts? r investment or throu   | rsonal, family, or househ  Business debts are debt  ugh the operation of the          | s that you incurred to obtain<br>business or investment.   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid tha   | ter 7. Do you estimate  |   | perty is excluded and administrative<br>d creditors?   |
| 18. How many creditors do you estimate that you owe?  | ☑ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   |   | 0,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you estimate your assets to be worth?   |   | \$10,000<br>\$50,000  | 001-\$10 million<br>0,001-\$50 million<br>0,001-\$100 million<br>00,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion      |
| 20. How much do you estimate your liabilities to be?  | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million   | \$10,000<br>\$50,000  | 001-\$10 million<br>0,001-\$50 million<br>0,001-\$100 million<br>00,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion      |
| Part 7: Sign Below  |   |   |   |  |
| For you   | correct.  If I have chosen to file under C of title 11, United States Code under Chapter 7.   | Chapter 7, I am awar<br>e. I understand the r   | e that I may proceed, if e<br>elief available under each                              | ligible, under Chapter 7, 11,12, or 13 in chapter, and I choose to proceed no is not an attorney to help me fill |
|   | out this document, I have obta  |   |   | · · · · · · · · · · · · · · · · · · ·  |
|   | I request relief in accordance of understand making a false st connection with a bankruptcy both. 18 U.S.C. §§ 152, 1341  /s/ Joseph Thomas Signature of Debtor 1  Executed on 5/9/2017 | g property, or obtaining r  | money or property by fraud in mprisonment for up to 20 years, or e Thomas August 2    |  |
| ( )<br>   | MM / E  | DD / YYYY statestational states and the control of | ngang til som til territoria och som som side och en som sektor                       | MM / DD / YYYY   |

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| Fill in this information to identify your case: |   |             |                              |  |  |  |
|---|---|-------------|------------------------------|--|--|--|
| Debtor 1  | Joseph                                  | E.          | Thomas                       |  |  |  |
|   | First Name                              | Middle Name | Last Name                    |  |  |  |
| Debtor 2  | Denneille                               |             | Thomas                       |  |  |  |
| (Spouse, if filing)                             | First Name                              | Middle Name | Last Name                    |  |  |  |
| United States Bankruptcy Court for the:         |   | Northern    | District of Illinois (State) |  |  |  |
| Case number<br>(If known)                       | *************************************** | (State)     |                              |  |  |  |

### Official Form 106Dec

### Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Part      | 1: Sign Below  |  |
|-----------|--|--|
| William W | Did you pay or agree to pay someone who is NOT an attorney to h    | nelp you fill out bankruptcy forms?  |
|           | <b>∑</b> No  |  |
|           | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and<br>Signature (Official Form 119). |
|           | •  |  |
|           |  |  |
|           | Under penalty of perjury, I declare that I have Tea) the summary a | and schedules filed with this declaration and  |
|           | /s/ Joseph Thomas  | ✗ /s/ Denneille Thomas   |
| _         | Signature of Debtor 1  | Signature of Debtor 2  |
| E         | Date 5/9/2017 // MM/DD/YYYY  | Date <b>5/9/2017</b><br>MM/DD/YYYY   |

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| Debtor                          | 1 Joseph  | E. Maria State             | Thomas                        | Case number (if known)  |
|---------------------------------|---|----------------------------|-------------------------------|---|
| A declaration (Adamsted recogni | First Name  | Middle Name                | Last Name                     |   |
|                                 | ithin 2 years before ye<br>editors, or other part |                            | you give a financial stater   | nent to anyone about your business? Include all financial institutions  |
| <u> </u>                        | No<br>Yes. Fill in the detai                      | ils below.                 |                               |   |
|                                 | _   |                            | Date issued                   |   |
|                                 | Name  |                            | MM/DD/YYYY                    | <u></u>   |
|                                 | Number Street                                     |                            |                               |   |
|                                 | **************************************            |                            |                               |   |
|                                 | City  | State Zip Code             |                               |   |
| Part 12                         | Sign Below  |                            |                               |   |
| a ba                            | <b>*</b> /s/ Jo                                   | e of Debtor 1              | , or imprisonment for up t    | 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ Denneille Thomas Signature of Debtor 2  Date 5/9/2017 |
| Dist.                           |   |                            | /                             | ide (   |
| Dia                             | you attach additional                             | pages to Your Statement of | of Financial Affairs for Indi | viduals Filing for Bankruptcy (Official Form 107)?  |
| V                               | No  |                            |                               |   |
|                                 | Yes   |                            |                               |   |
| Did                             | you pay or agree to p                             | ay someone who is not an a | ttorney to help you fill out  | bankruptcy forms?   |
| 7                               | No  |                            |                               |   |
|                                 | Yes. Name of person                               |                            |                               | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).                  |

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| Debto | r 1 Joseph    | h  | E  | Thomas  | Case number [//known]  |  |
|-------|---------------|--|--|---|--|--|
|       | First N       | Y116   | Middle Name  | Last Name   | AND SECTIONS OF THE SECTION OF THE S |  |
| 16.   | Calculate     | e the median family  | income that applies to   | you. Follow these ste                                     | ps:  |  |
|       | 16a. Fill i   | n the state in which yo  | live.  | illinois  | wee.   |  |
|       | 16b. Fill i   | n the number of peopl  | le in your household.  | 6   | <u> </u>   | \$108,016.00   |
|       | hou<br>usin   | sehold<br>g the link specified in t                              | come for your state and<br>the separate Instructions                           | TA D  | nd a list of applicable median income amounts, go online may also be available at the bankruptcy clerk's office.   | \$100,010.00   |
| 17.   | -             | he Ilnes compare?<br>Line 15b is less than ounder 11 U.S.C. § 13 | or equal to line 18c. On 1<br>25(b)(3). Go to Part 3. I                        | the top of page 1 of th<br>Do NOT fill out <i>Calcula</i> | is form, check box 1, <i>Disposable income is not determined</i><br>Ition of Disposable Income (Official Form 122C-2).   |  |
|       | hand          | U.S.C. 6 1325(b)(3). (   | iline 18c. On the top of<br>Go to Pert 3 and fill ou<br>nt monthly income from | t Calculation of Disp                                     | neck box 2, <i>Disposable income is determined under 11</i><br>osable Income (Official Form 122C-2). On line 39 of that  | ;  |
| Part: | Galc          | ulate Your Commi   | itment Period Unde   | r 11 U.S.C. §1325(  | b)(4)  |  |
| 18.   | Copy you      | ir total average mon   | thly income from line 1  | 1.  |  | <u>\$4,943.54</u>  |
| 19.   |               |  |  | a securited Unite enough                                  | e is not filing with you, and you contend that calculating the fyour spouse's income, copy the amount from line 13.  | ¢a.aa  |
|       |               |  | oes not apply, fill in 0 or  |   |  | \$0.00   |
|       | 19b. Sub      | tract line 19a from li   | ne 18.   |   |  | \$4,843.54   |
| 20.   | Calculat      | e your current month   | ily income for the year  | . Follow these steps:                                     |  | \$4,943.54   |
|       | 20a. Cop      | y line 19b.  |  |   |  | and the second s |
|       | Mul           | tiply by 12 (the numbe   | er of months in a year).   |   |  | x 12   |
|       | 20b. The      | result is your current (   | monthly income for the y   | ear for this part of the                                  | form.  | \$59,322.48  |
|       | 20c. Cop      | y the median family in   | come for your state and  | size of household from                                    | n line 16c.  | \$108,D16.00   |
| 21.   | How do        | the lines compare?   |  |   | 4  |  |
|       | COCH          | mitment perod is 3 ye  | avs. Go to Part 4.   |   | the top of page 1 of this form, check box 3, The   |  |
|       | Line<br>4, 77 | 20b is more than or <b>e</b><br>he commitment peand              | qual to line 20c. Unless of is 5 years. Go to Part 4.                          | otherwise ordered by th                                   | ne court, on the top of page 1 of this form, check box   |  |
| Part  | 4 Sign        | Below  |  |   |  |  |
|       | x             |  | 11 140   | Office  | this statement and in any attrichments true and correct.  * /s/ Denneille Thomas Onnoill  Signature of Debtor 2  | Romas  |
|       |               | Date 5/11/2017<br>MM/DD/YYYY                                     | 1 5/11/1   | 17  | Date 5/11/2017 5 - 1 - 17  |  |

If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 shove

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# UNITED STATES BANKRUPTCY COURT Northern District of Illinois

| In re:          | Debtor(s)                               | Case No  | Case No                            |  |  |
|-----------------|---|--|------------------------------------|--|--|
|                 |   | Chapter.   | Chapter13                          |  |  |
|                 | VERIFIC                                 | ATION OF CREDITOR MATE                                       | RIX                                |  |  |
| Tł<br>knowledge | ne above named Debtors hereby verify e. | that the attached list of creditors is true                  | e and correct to the best of their |  |  |
| Date:           | 5/9/2017                                | /s/ Thomas, Josep<br>Thomas, Joseph E                        | 1024 / 110                         |  |  |
|                 |   | Signature of Debto   | 10 PP                              |  |  |
|                 |   | /s/ Thomas, Denni<br>Thomas, Denneille<br>Signature of Joint |                                    |  |  |